



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5862  
FAX (615) 532-1903

Date: 6-2-10

*Bill A. Lusk*  
Field Representative's Signature:

Establishment Name: William's Funeral Home & Crematory

Street Address: 2517 Tristram Ave.

Lic. #: 769

City, State, Zip: Columbia, In 38401

Ph #: 931-388-2135

**Mailing Address:** (If different from above) \_\_\_\_\_

|                  |          |                   |           |
|------------------|----------|-------------------|-----------|
| Licensed Manager | FD Lic # | Licensed Embalmer | EMB Lic # |
| Alan Blenina     | 3435     | Alan Blenina      | 3753      |

Licensed Employees: Richard M. Shallen - 3355-3700 Robert C. Thomas - 2691  
Christopher Taylor - 4243-4247 Carl R. Parry - 5132 James A. Lewis - 6216  
James L. B. Davis, Jr. - 5579-5580 Melvin C. Stephenson - 5611

Apprentices: Harvey Beshers

Current license certificates not presented at inspection:

Apprentices: Kevin Boshers  
Current license certificates not presented at inspection:

## BASIC LEGAL REQUIREMENTS OF ESTABLISHMENTS FUNERAL DIRECTORS / EMBALMERS / APPRENTICES

- 62-5-303 Licensing Requirement  
62-5-304 Establishment License  
62-5-306(d) Issuance of License - Fun. Dir.  
62-5-308(d) Issuance of License - Embalmer  
62-5-309 Practice by Unregistered Persons
- 62-5-313 Requirements for Operation  
62-5-317 Grounds for Denial, Suspension, Revocation  
Rule 0660-6-.02 Federal Trade Commission Rule  
Other:

If no embalming at this facility, state where: \_\_\_\_\_

## PREPARATION ROOM

1. Floor Composition \_\_\_\_\_
2. Sanitary \_\_\_\_\_
3. Ventilation / Exhaust Fan \_\_\_\_\_
4. Instrument Disinfection Chemicals Present \_\_\_\_\_
5. Trash Container Covered, Non-Porous Bag \_\_\_\_\_
6. Soiled Laundry Container Covered, Non-Porous Bag \_\_\_\_\_
7. Chemical Storage \_\_\_\_\_
8. Excess Storage Control \_\_\_\_\_
9. Preparation Table Drainage \_\_\_\_\_
10. Paper Towels / Liquid Soap \_\_\_\_\_
11. Permanent I.D. Tag \_\_\_\_\_

**PUBLIC AREA**

12. Public Restrooms \_\_\_\_\_  
13. Paper Towels / Liquid Soap \_\_\_\_\_  
14. Other Public Use Areas \_\_\_\_\_

ACCEPTABLE

YES NO

[illegible]

## Federal Trade Commission Rule

## I. Required Disclosures:

## A. General Price List

1. Consumer's Right of Selection \_\_\_\_\_
2. Embalming \_\_\_\_\_
3. Alternative Containers for Direct Cremation \_\_\_\_\_
4. Basic Services Fee \_\_\_\_\_
5. Casket Price List \_\_\_\_\_
6. Outer Burial Container Price List \_\_\_\_\_

## ACCEPTABLE

YES NO

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> <i>corrected on site</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     |

## B. Required 16 Itemized Prices on General Price List

1. Basic services of funeral director & staff \_\_\_\_\_
2. Embalming \_\_\_\_\_
3. Other preparation of the body \_\_\_\_\_
4. Transfer of remains to funeral home \_\_\_\_\_
5. Use of facilities & staff for viewing \_\_\_\_\_
6. Use of facilities & staff for funeral ceremony \_\_\_\_\_
7. Use of facilities & staff for memorial service \_\_\_\_\_
8. Use of equipment & staff for graveside service \_\_\_\_\_
9. Forwarding of remains to another funeral home \_\_\_\_\_
10. Receiving of remains from another funeral home \_\_\_\_\_
11. Hearse \_\_\_\_\_
12. Limousine \_\_\_\_\_ *N/A*
13. Casket prices \_\_\_\_\_
14. Outer burial container prices \_\_\_\_\_
15. Immediate burial \_\_\_\_\_
16. Direct cremation \_\_\_\_\_

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input type="checkbox"/>            | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> <i>See Citation</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |

## C. Casket Price List

1. Price & description of each casket & alternative container \_\_\_\_\_

- |                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

## D. Outer Burial Container Price List

1. Price & identifying information of each burial container \_\_\_\_\_

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> <i>See Citation</i> |
|--------------------------|---|

## E. Statement of Funeral Goods and Services - Contract

Number of calls previous year: 222Number of contracts examined: 14

1. Charges are only for those items selected \_\_\_\_\_
2. Reason for embalming (if charged) \_\_\_\_\_
3. Description of merchandise chosen \_\_\_\_\_

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> <i>See Citation</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>                                |

## II. Cremations

1. Name of crematory used by establishment: William Funeral Home & Crematory
2. License number of crematory used: 769
3. Date of inspection report of crematory used: 4-9-09
4. Number of cremations for previous calendar year: 91
5. Number of cremation files examined during inspection: 5

## A. Cremation Authorization Forms

1. Correct information on form \_\_\_\_\_
2. Signed by authorizing agent \_\_\_\_\_
3. Signed by licensed funeral director \_\_\_\_\_

YES NO

- |                                     |                          |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| B. Receipt for Human Remains Delivered to Crematory        |                                     |                          |
| 1. Name of deceased  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Receipt of Cremated Remains                             |                                     |                          |
| 1. Name of decedent  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of establishment to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### III. Permanent Identification Device

- A. Type of permanent identification device used Laminated
1. Number of bodies in funeral home at time of inspection: 1
2. Number of bodies checked during inspection: 1
- |                                       |                                     |                          |
|---------------------------------------|-------------------------------------|--------------------------|
| A. Name of decedent                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Date of birth of decedent          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Date of death of decedent          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Social security number of decedent | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### IV. Preneed Sales Registration

1. Preneed sales registration number: 469
2. Date of expiration: 3-31-2012

### Additional Comments:

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TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
 NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home & Crematory  
Name of establishment or individual

Address: 2517 Trotwood Ave  
Street

License # 769 Columbia, TN 38401  
City State Zip

Manager: Alan Blenkins

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- outer Burial Containers on display in selection room does not agree with OBCPL presented.
- 1) "Wilbert Tribute Vault" display in selection room at \$2990.00 does not appear on OBCPL.
  - 1) "Wilbert Stainless Steel Urn" priced at \$2990.00 in selection room — OBCPL shows price of \$2790.00
  - 1) "Wilbert Copper Urn" priced in selection room at \$3890.00 — OBCPL shows price of \$3490.00

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]  
 Manager, Owner or Representative

- (4) "Wilbert Bronze" priced in selection room at \$11,900.00 — OBCPL shows price of \$10,900.00
- (5) Statement of Funeral Goods & Services Selected for deceased Richard Mitchell

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill E. Luna

Date issued: 6-2-2010

DOD 4-17-10 does not list or indicate the items provided for the \$3,800.00 listed for "Total of Special Charges". Only explanation listed on Direct Cremation line is "to match CSTN prices".

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.



Memorandum

To: Robert Gribble, Executive Director  
From: Bill R. Luna, Field Rep ~~at~~  
Date: June 3, 2010  
Subject: Inspection of Williams Funeral Homes & Crematory, 2517 Trotwood Ave.,  
Columbia, TN 38401 on June 2, 2010

After inspection of the above establishment, I issued a citation for the following violations:

When comparing the Outer Burial Containers on display for sale in the selection room to the Outer Burial Container Price List that had already been presented to me as the current OBC Price List, I found the following:

- (1) "Wilbert Tribute" vault on display in selection room for \$ 2990.00 simply does not appear on the OBC Price List.
- (2) "Wilbert Stainless Steel Triune" vault priced at \$ 2990.00 in selection room-----  
OBCPL shows price of \$ 2790.00.
- (3) "Wilbert Copper Triune" vault priced in selection room at \$ 3890.00-----  
OBCPL shows price of \$ 3490.00.
- (4) "Wilbert Bronze" vault priced in selection room at \$ 11,900.00-----  
OBCPL shows price of \$ 10,900.00.

- (5) Statement of Funeral Goods & Services Selected for deceased Richard Mitchell (copy attached), DOD 4-17-10, does not itemize or otherwise indicate in any manner what the \$ 3,800.00 charge is for. In other words, what goods and/or services was provided for the \$ 3,800.00, listed for "Total of Special Charges". The only explanation listed on the document is on the "Direct Cremation" line and states "to match CSTN prices". I then asked Melicent Clinkenbeard what the abbreviation "CSTN" represented and she stated "Cremation Society of Tennessee". Providers subject to the "Funeral Rule", as this provider is, must itemize the SoffG&SS or in the case of a package offering must indicate the items included in the package, which this document failed to do.

Date 6-2-10
Rice T. Rana  
 Field Representative's Signature

STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR  
 500 JAMES ROBERTSON PARKWAY  
 NASHVILLE, TENNESSEE 37243-1144  
 PHONE (615) 741-5062  
 FAX (615) 632-1903  
[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

## HUMAN CREMATORY INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic. #: 769  
 Physical Location Address: 2517 Trotwood Ave. Phone #: 931-388-2135  
 City, State, Zip Code: Columbia, TN 38401

Mailing Address (if different from above): \_\_\_\_\_

 Licensed Funeral Director serving as Manager: Alan Blanton FD #: 3435 (3753)

 Licensed Funeral Director(s) performing cremations: Richard Hale Shelton FD #: 3355 (3700)
Christopher Taylor - 4243 James B. Davis, Jr. - 5579 (Grade)
Melissa Clendenen - 5641  
 Number of cremations performed prior calendar year: 229 Number of cremations present year to date: 97
Number of cremation files examined during this inspection: 1862-5-504. Prerequisites to Cremation
 Acceptable  
 YES NO

 Required cremation permit from Health Department for each deceased..... ☒ ☐
62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

 A. Name, address and telephone number of crematory..... ☒ ☐  
 B. Signed by authorizing agent..... ☒ ☐  
 C. Signed and dated by Licensed Funeral Director..... ☒ ☐
62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility:

 A. Name of decedent..... ☒ ☐  
 B. Date and time of delivery..... ☒ ☐  
 C. Type of casket or container remains delivered in..... ☒ ☐  
 D. Name of person delivering remains to crematory facility..... ☒ ☐  
 E. Name of funeral home or other establishment..... ☒ ☐  
 F. Name of person receiving decedent on behalf of crematory facility..... ☒ ☐

2. Written receipt for release of cremated remains from crematory facility:

 A. Name of decedent..... ☒ ☐  
 B. Date and time of release..... ☒ ☐  
 C. Name of person releasing cremated remains from crematory facility..... ☒ ☐  
 D. Name of person to whom cremated remains were released..... ☒ ☐  
 E. Name of funeral home, cemetery or other entity..... ☒ ☐

## 3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ ☐
- B. Date and time of cremation..... ☒ ☐
- C. Manner of final disposition (location, date and manner of final disposition)..... ☒ ☐

**62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device**

- A. Name of Deceased..... None present ☐ ☐
- B. Date of Birth..... ☐ ☐
- C. Date of Death..... ☐ ☐
- D. Social Security Number..... ☐ ☐

Type of Permanent Identification Device used: XenonatedNumber of Cremated Remains Present: 0 Number of Cremated Remains Inspected: 0**62-5-507. Crematory Facility Operator Duties**

- Inspection of Crematory Facility
- A. Is cremation in progress at time of inspection..... ☐ ☒
- B. Any excess residue or fragments found in cremation chamber..... ☐ ☒
- C. Any excess residue or fragments found in processing area..... ☐ ☒
- D. Any unauthorized access or visibility noted..... ☐ ☒
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 1996
- G. Was retort chamber(s) operational..... ☒ ☐
- H. Temperature of retort chamber(s) when inspected: 1615°F (after approx 4 hours) start ☒ ☐
- I. Refrigeration unit(s) on premises..... ☒ ☐
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: 30°F
- L. Number of bodies present at time of inspection: 0
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... 0 ☐ ☐
- N. Embalmed bodies in holding area..... ☒ ☐
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ ☐
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ ☐
- Date(s) of last inspection/maintenance: 2-22-06 - Obtain copy of report(s)
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: manifold receipt for remains - log into system - assign ID card that corresponds with name in file - placed down with ID tag in temporary box - only processed one remains at any time
- R. Describe internal system used for tracing location of cremated remains during shipment (mail): mail call - Express Mail - Tracking system
- S. Signed receipt from person receiving cremated remains by mail..... ☐ ☐

**6660-9-01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ ☒
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ ☒
- C. Any evidence of more than one (1) cremated remains placed in container..... ☐ ☒
- D. Number of unclaimed cremated remains present at crematory facility: 0 (1 in fused home - not cremated by this crematory)

Describe procedure for handling and/or disposition of any unclaimed cremated remains When cremating for another licensed establishment, requires art arranging cremation to receive cremated remains.

WARNING ISSUED  
(Circle)CITATION ISSUED  
(Circle)

Reason(s): \_\_\_\_\_

Comments: \_\_\_\_\_



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES**  
600 JAMES ROBERTSON PARKWAY, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-6082  
FAX (615) 632-1903  
<http://funeral.tn.gov>

**CERTIFIED MAIL**

January 14, 2011

Williams Funeral Homes & Crematory  
Attn: Alan Blevins, Manager  
P.O. Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201100058  
FUNERAL BOARD**

**Vs.**

**WILLIAMS FUNERAL HOMES & CREMATORY**

**Vs.**

**BRIAN KEITH COOPER**

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required **within fourteen (14) calendar days** of the receipt of this letter. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

*Robert B. Gribble (J)*

Robert B. Gribble  
Executive Director

RBG:jg

Enclosure(s)

Certified Number 7009 1680 0000 5594 3403

**Robert Gribble - advertising**

**From:** Mike Herrin <[REDACTED]>  
**To:** <Funeral.Cemetery.Board@TN.Gov>  
**Date:** 1/10/2011 6:05 PM  
**Subject:** advertising

**RECEIVED**

JAN 14 2011

**FUNERAL BOARD  
BURIAL SERVICES**

Hello, I did not know if this is a error on the state funeral boards license search website or not but thought i would let someone know. According to advertising on the staff page of [www.williamsfn.com](http://www.williamsfn.com), a Brian Cooper is listed as a funeral director but according to the state website, his license is expired.

2517 Trotwood Ave.  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137



FUNERAL HOMES & CREMATORY

www.williamsfh.com

819 N. Main St.  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

January 21, 2011

State of Tennessee  
Dept. of Commerce & Insurance  
Funeral Board and Burial Services  
500 James Robertson Parkway  
Second Floor  
Nashville, TN 37043-1144

**RECEIVED**

JAN 26 2011

**FUNERAL BOARD  
BURIAL SERVICES**

Re: Complaint #201100058  
Attn: Mr. Robert Gribble

Dear Mr. Gribble:

In reference to the above complaint, it was not the intention of this establishment to place Brian Cooper's picture as a "Licensed Funeral Director" on our website, [www.williamsfh.com](http://www.williamsfh.com).

We have contacted our web hosting company, Funeral Net, to see who authorized this placement and were informed that when we sent his photo to be added to the staff, they accidentally made the assumption that he was part of the licensed staff.


They have corrected the information on our site.

Mr. Cooper is in the process of having his licenses re-issued, has completed his Associate's Degree and is lacking only taking the law exam. We do not want this complaint in any way hinder this process as the mis-identification of his picture on the website was nothing that he had any part of.

Please accept our sincere apology that this matter had to be brought to our attention.

Sincerely,

WILLIAMS FUNERAL HOME, INC.

  
Alan Blevins  
Manager

WILLIAMS FUNERAL HOME, INC.

WILLIAMS FUNERAL HOME, INC.  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37043-1144  
931-388-2135  
FAX 931-388-2137  
WWW.WILLIAMSFH.COM

We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.

*Love Goes On™*



Tennessee Board of Funeral Directors and Embalmers  
Davy Crockett Tower  
500 James Robertson Parkway, Second Floor  
Nashville, TN 37243

**RECEIVED**

MAY 19 2011

FUNERAL BOARD  
BURIAL SERVICES

Re: Case Number 21100581

To whom it may concern:

I am writing to you to provide information related to the case in which a funeral assistant's picture and biography was incorrectly placed on the Williams Funeral Home Web site.

This placement was simply due to an oversight on our part and not intentional on anyone's part. This is especially true for Williams Funeral Home, their staff, and management, for they are certain and clear of the regulations in the State of Tennessee.

Should you have further questions relating to this matter, feel free to call at any time.

Sincerely,

Michael Turkiewicz

President



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**  
DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-6082  
FAX (615) 532-1903  
<http://funeral.tn.gov>

June 10, 2011

Williams Funeral Homes & Crematory  
Attn: Alan Blevins, Manager  
P.O. Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT 201100058  
FUNERAL BOARD  
vs.  
WILLIAMS FUNERAL HOMES & CREMATORY  
vs.  
BRIAN KEITH COOPER**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on April 12, 2011.

After review of the Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

*Robert B. Gribble (4)*

Robert B. Gribble  
Executive Director

RBG/jg



Williams Funeral Homes & Crematory  
Consent Order - 2011000581

**BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS**

IN THE MATTER OF:

WILLIAMS FUNERAL HOMES &  
CREMATORY, LICENSE NO. 769  
ATTN: ALAN BLEVINS, MANAGER  
P.O. BOX 38  
COLUMBIA, TN 38402-0038

P3103  
F769

Cust Name: WILLIAMS FUNERAL HOMES & CR  
Receipt #: 05146845  
PAID: 05/30/11  
FUN-RBS-2011000581  
Trans #4 \$500.00  
CI483Funeral Board \$500.00  
Check \$500.00

THANK YOU FOR YOUR PAYMENT

**CONSENT ORDER**

**THIS MATTER** comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a consumer complaint. Williams Funeral Homes & Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

**DEFINITIONS**

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

**AUTHORITY AND JURISDICTION**

Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., the Tennessee State Board of Funeral Directors and Embalmers has the authority to deny, suspend, revoke, and/or impose civil penalty for any violation of any statute, rule or order of the Board.

**STIPULATED FINDINGS OF FACT**

1. Respondent conducted business at all times pertinent while in possession of a **valid** license, having been issued license number 769.

2. A consumer filed a complaint with the Board of Funeral Directors and Embalmers stating that the Respondent posted the name of Brian Keith Cooper as a licensed funeral director on their website; however, Mr. Cooper was not a licensed funeral director in the state of Tennessee at that time.

### **STIPULATED CONCLUSIONS OF LAW**

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

*Tenn. Code Ann. § 62-5-303(a)-(b)*, "(a) (1) In order to safeguard life and health and to prevent the spread of contagious diseases and to improve sanitary conditions and public health generally, it is required that only properly qualified persons shall engage in funeral directing, embalming and operating of a funeral establishment. (2) Any person engaged in funeral directing, embalming and operating of a funeral establishment in this state shall be licensed by the board created in part 2 of this chapter prior to engaging in funeral directing, embalming and operating of a funeral establishment. (b) It is unlawful for any person to engage in, or offer to engage in, either funeral directing, embalming or operation of a funeral establishment unless the person or business has been duly licensed under this chapter."

*Tenn. Code Ann. § 62-5-305*, "(a) Every person not previously licensed in this state as a funeral director, desiring to engage in the practice or business of funeral directing, shall make application to the board, along with a nonrefundable fee as set by the board. (b) The application shall contain the name of the applicant, showing that the applicant: (1) Has attained eighteen (18) years of age; (2) Is a citizen of the United States; (3) Is of good moral character; (4) Is properly protected against communicable diseases, either through immunization or education; (5) Has graduated from a high school or has earned a GED recognized by a state education department; (6) Has successfully completed a program of study in funeral service education consisting of no less than thirty (30) semester hours, forty-five (45) quarter hours or the equivalent from a school accredited by the American Board of Funeral Service Education and evidenced by an official transcript; and (7) Has completed two (2) years of apprenticeship in the presence of and under the direction and supervision of a licensed funeral director."

*Tenn. Code Ann. § 62-5-307*, "(a) No person shall be granted a license to engage in the practice of embalming dead human bodies within this state unless the person makes application to the board for the license, along with a nonrefundable fee as set by the board. (b) The application shall contain the name of the

applicant, showing that the applicant: (1) Has attained eighteen (18) years of age; (2) Is a citizen of the United States; (3) Is of good moral character; (4) Is properly protected against communicable disease, either through immunization or education; (5) Has graduated from a high school or has earned a GED recognized by a state education department; (6) Has obtained an associate of arts degree by successfully completing a mortuary science program consisting of not less than sixty (60) semester hours, ninety (90) quarter hours or the equivalent, with a program accredited by the American Board of Funeral Service Education and evidenced by an official transcript; and (7) Has completed one (1) year of apprenticeship in the presence of and under the direction and supervision of a licensed embalmer."

*Tenn. Code Ann. § 62-5-309*, "(a) It is unlawful for any person not a registered funeral director or embalmer to engage in funeral directing or embalming. (b) It is unlawful for any person, partnership, firm, association or corporation not licensed as provided in this chapter to engage in the operation of a funeral establishment."

*Tenn. Code Ann. § 62-5-314*, "The name of any living person who has not been licensed as provided in this chapter shall not be shown or displayed upon any funeral establishment, or used alone, in, as part of or in connection, association, combination or together with the name or title of any person, firm, corporation or other form of enterprise engaged in undertaking or embalming, on any card, sign, stationery or other printed or written instrument or device, in any announcement or advertisement or in any manner so as to give or tend to give the impression that the person is licensed or entitled to practice either as a funeral director or embalmer."

**NOW THEREFORE**, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

- 1. Respondent shall pay a civil penalty in the amount of FIVE HUNDRED DOLLARS (\$500.00), said payment to be received within thirty (30) days of receipt by the Respondent of this consent order together with a signed copy of this Consent Order.**
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.

4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

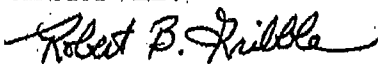
**FURTHERMORE**, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

Executed this the 24 day of May, 2011.



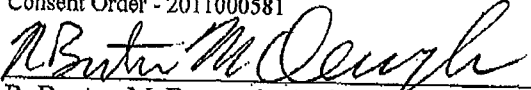
ALAN BLEVINS, MANAGER  
WILLIAMS FUNERAL HOMES &  
CREMATORY  
P.O. BOX 38  
COLUMBIA, TN 38402-0038

**APPROVED:**



Robert B. Gribble, Executive Director  
Tennessee Board of Funeral Directors & Embalmers and Burial Services

Williams Funeral Homes & Crematory  
Consent Order - 2011000581



R. Benton McDonough, Assistant General Counsel  
Department of Commerce and Insurance  
Office of Legal Counsel  
500 James Robertson Parkway  
Davy Crockett Tower, 5<sup>th</sup> Floor  
Nashville, Tennessee 37243  
Telephone (615) 741-3072



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5061  
FAX (615) 532-1903  
http://funeral.tn.gov

5-29-11  
Date

Jim R. Luna  
Field Representative's Signature

### ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. License # 268

Physical Address: 919 North Main St. Phone # 931-379-5574

City, State, Zip Code: Mount Pleasant, TN 38474 ax # 931-379-5580

Mailing Address (if different from above): \_\_\_\_\_

Establishment web site address: www.williamsfh.com

Establishment email address: info@williamsfh.com

Contact Person(s) during inspection: Melissant Clinckbeard - Carl Pointer

Funeral Director serving as manager: Carl R. Pointer FD # 5122 Emb # \_\_\_\_\_

Total Calls previous year: 78 Total Calls current year to date: 24

Total Cremations previous year: 2 Total Cremations current year to date: 4

#### Licensed Funeral Directors & Embalmers and License Numbers

|   |  |
|---|--|
| <u>Richard Hale Shotton - 3355-8700</u> |  |
| <u>Melissant Clinckbeard - 5611</u>     |  |
| <u>Alan Blainier - 3425-3753</u>        |  |
| <u>Lauren Blainier - 6716</u>           |  |
| <u>Robert E. Thomas - 2691</u>          |  |

#### Apprentice Funeral Director & Embalmers and License Numbers

|       |  |
|-------|--|
| _____ |  |
| _____ |  |

#### Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404 a)

|                                |                                 |                             |
|--------------------------------|---------------------------------|-----------------------------|
| <u>Carl Pointer - 119</u>      | <u>William Holloway - 932</u>   | <u>Alan Blainier - 1103</u> |
| <u>Amanda Standberry - 923</u> | <u>Paula R. Holloway - 1118</u> |                             |

#### Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 656 Expiration Date: 5-31-12

Establishment Inspection Report  
02/01/2011

Warning  
attached

|  |       |                                     |                          |
|--|-------|-------------------------------------|--------------------------|
| <b>I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)</b>     |       | <b>ACCEPTABLE</b>                   |                          |
| <b>A. GENERAL PRICE LIST</b>   |       | <b>YES</b>                          | <b>NO</b>                |
| 1. Name, address, & telephone number                                     | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Date  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer's Right of Selection disclosure                              | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic Service Fee disclosure  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket Price List disclosure  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer Burial Container Price List disclosure                          | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative Container for Direct Cremation disclosure                 | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>B. Required 16 Itemized Prices on General Price List</b>              |       |                                     |                          |
| 1. Basic Services of Funeral Director and Staff                          | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Preparation of the Body   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of Remains to Funeral Home                                   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of Facilities and Staff for funeral ceremony                      | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of Facilities and Staff for viewing                               | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of Facilities and Staff for memorial service                      | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of Equipment and Staff for graveside service                      | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine  | N/A   | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home                        | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home                       | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket Prices  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer Burial Container Prices  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate Burial   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct Cremation   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>C. Casket Price List</b>  |       |                                     |                          |
| 1. Name of funeral establishment   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container        | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>D. Outer Burial Container Price List</b>                              |       |                                     |                          |
| 1. Name of funeral establishment   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container                  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>E. Statement of Funeral Goods and Services Selected</b>               |       |                                     |                          |
| 1. Cost of services, merchandise & description                           | _____ | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Legal requirement disclosure  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Embalming disclosure  | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash Advance disclosure   | _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: | 8     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: William Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of inspection report used: 6-2-10
4. Number of cremation files examined during inspection: 4

### A. Cremation Authorization Forms:

- |  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of deceased                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Date & time of delivery               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Type of container                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input type="checkbox"/>            | <input type="checkbox"/> |

### C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of decedent  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input type="checkbox"/>            | <input type="checkbox"/> |

## III. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

### A. Type of permanent identification device used: Permanently

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Number of bodies in funeral establishment at time of inspection: <u>0</u> |                          |                          |
| 2. Number of bodies checked during inspection:                               |                          |                          |
| 3. Location of bodies checked:   |                          |                          |
| 4. Family/public present while body checked:                                 |                          |                          |
| A. Name of Decedent  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date of Birth of Decedent   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Date of Death of Decedent   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Social Security Number of Decedent  | <input type="checkbox"/> | <input type="checkbox"/> |

## IV. Public Areas (Tennessee Rule 0660-11-.04)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## V. Preparation Rooms (Tennessee Rule 0660-11-.02)

## ACCEPTABLE

YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Floor Composition                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies        | <input type="checkbox"/> | <input type="checkbox"/> |

*No Embalming  
Room at this  
location*

If no preparation room at this establishment, state where embalmings performed:

*William's Funeral Home & Crematory  
2517 Ironwood Ave - Columbia*

## VI. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- |                      |                                     |                          |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Advertisements    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Business Cards    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Internet web site | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums     | <input type="checkbox"/>            | <input type="checkbox"/> |

## REMARKS:

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TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Williams Funeral Home, Inc.  
Name of establishment or individual

Address: 819 North Main St.  
Street

License # 268

Mount Pleasant, TN 38474  
City State Zip

Manager: Carl R. Pointh

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11-.06 — TCA 62-5-106 — Cremation package offerings: "Family Identification", "Gathering of Remembrances", "Ceremony of Simplicity", & "Gathering & Ceremony of Choice" fail to clearly identify the items included from the 16 required items on SPL and specific merchandise. Terms such as "appropriate preparation of deceased" is

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

Carl R. Pointh  
Manager, Owner or Representative

not in compliance, as well as other line items such as "premium cremation containers", "motorized equipment", etc. (5 of 7 & 55 for deceased, 1 amok here)

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar Days

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

DOD-2-12-11

Order issued by: Bice R. Luna

Date issued: 3-29-11

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Warning  
attached

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 592-1303  
http://funeral.tn.gov

6-7-11  
Date  
Ric E. Luna  
Field Representative's Signature

## ESTABLISHMENT INSPECTION REPORT

Establishment Name: William's Funeral Home & Crematory License # 769  
Physical Address: 2517 Inatwood Ave. Phone # 931-388-2135  
City, State, Zip Code: Columbia, TN 38401 Fax # 931-388-2137  
931-381-3014  
Mailing Address (if different from above): \_\_\_\_\_

Establishment web site address: www.williamsfh.com

Establishment email address: info@williamsfh.com

Contact Person(s) during inspection: Hale Sheltan - Malient Clinkenbard - Mary Jackson

Funeral Director serving as manager: Alan Blavins FD # 3435 Emb # 3753

Total Calls previous year: 189 Total Calls current year to date: 87

Total Cremations previous year: 71 Total Cremations current year to date: 25

## Licensed Funeral Directors &amp; Embalmers and License Numbers

|   |  |
|---|--|
| <u>Richard Hale Sheltan - 3355-3700</u>       | <u>Brian K. Cooper - 4760-4761 (as needed)</u> |
| <u>Malient K. Clinkenbard - 5611</u>          | <u>James E. Davis Jr. - 5579-5580 (Grade)</u>  |
| <u>Carl K. Poate - 5122</u>                   |  |
| <u>Lawren Bailey Blavins - 6216</u>           |  |
| <u>Robert E. Thomas - 2691 (as needed)</u>    |  |
| <u>Christopher Taylor - 4243-4247 (Grade)</u> |  |

## Apprentice Funeral Director &amp; Embalmers and License Numbers

|                                       |  |
|---------------------------------------|--|
| <u>Kerry Beahm - 7222 (as needed)</u> |  |
| <u>Gerald E. Strahan - 4384</u>       |  |

## Pre-Need Sales Agents &amp; License Numbers (Tennessee Code Annotated 62-5-404 a)

|                            |                                    |
|----------------------------|------------------------------------|
| <u>Alan Blavins - 1103</u> | <u>Theresa Kelly Stanton - 197</u> |
| <u>Carl K. Poate - 119</u> | <u>Paula G. Hudson - 118</u>       |

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 469 Expiration Date: 3-31-12

| I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)             |     | ACCEPTABLE                          |                                  |
|--|-----|-------------------------------------|----------------------------------|
| A. GENERAL PRICE LIST  |     | YES                                 | NO                               |
| 1. Name, address, & telephone number                                     |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 2. Effective Date  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 3. Consumer's Right of Selection disclosure                              |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 4. Basic Service Fee disclosure  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 5. Embalming disclosure  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 6. Casket Price List disclosure  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 7. Outer Burial Container Price List disclosure                          |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 8. Alternative Container for Direct Cremation disclosure                 |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| B. Required 16 Itemized Prices on General Price List                     |     |                                     |                                  |
| 1. Basic Services of Funeral Director and Staff                          |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 2. Embalming   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 3. Other Preparation of the Body   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 4. Transfer of Remains to Funeral Home                                   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 5. Use of Facilities and Staff for funeral ceremony                      |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 6. Use of Facilities and Staff for viewing                               |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 7. Use of Facilities and Staff for memorial service                      |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 8. Use of Equipment and Staff for graveside service                      |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 9. Hearse  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 10. Limousine  | N/A | <input type="checkbox"/>            | <input type="checkbox"/>         |
| 11. Forwarding of remains to another funeral home                        |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 12. Receiving of remains from another funeral home                       |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 13. Casket Prices  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 14. Outer Burial Container Prices  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 15. Immediate Burial   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 16. Direct Cremation   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| C. Casket Price List   |     |                                     |                                  |
| 1. Name of funeral establishment   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 2. Effective date  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 3. Price and description of each casket and alternative container        |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| D. Outer Burial Container Price List                                     |     |                                     |                                  |
| 1. Name of funeral establishment   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 2. Effective date  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 3. Required disclosure   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 4. Price and description of each outer burial container                  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| E. Statement of Funeral Goods and Services Selected                      |     |                                     |                                  |
| 1. Cost of services, merchandise & <u>description</u>                    |     | <input type="checkbox"/>            | <input type="checkbox"/> warning |
| 2. Legal requirement disclosure  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 3. Embalming disclosure  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 4. Cash Advance disclosure   |     | <input checked="" type="checkbox"/> | <input type="checkbox"/>         |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: | 18  |                                     |                                  |

## II. CREMATIONS (Tennessee Code Annotated 62-5-107)

(on site)

1. Name of crematory(s) used by establishment: William J. & Son Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of inspection report used: 6-2-10
4. Number of cremation files examined during inspection: \_\_\_\_\_

## A. Cremation Authorization Forms:

YES NO

1. Name, address & phone number of crematory \_\_\_\_\_ ☐ ☐
2. Correct information on form \_\_\_\_\_ ☐ ☐
3. Signed by licensed funeral director \_\_\_\_\_ ☐ ☐
4. Signed by authorizing agent \_\_\_\_\_ ☐ ☐

## B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

1. Name of deceased \_\_\_\_\_ ☐ ☐
2. Date & time of delivery \_\_\_\_\_ ☐ ☐
3. Type of container \_\_\_\_\_ ☐ ☐
4. Name of person delivering decedent \_\_\_\_\_ ☒ ☐
5. Name of person receiving decedent \_\_\_\_\_ ☐ ☐
6. Name of funeral home or establishment \_\_\_\_\_ ☐ ☐

## C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

1. Name of decedent \_\_\_\_\_ ☐ ☐
2. Date & time of release of cremated remains \_\_\_\_\_ ☐ ☐
3. Name of person to whom cremated remains released \_\_\_\_\_ ☒ ☐
4. Name of person releasing cremated remains \_\_\_\_\_ ☐ ☐
5. Name of Establishment to whom cremated remains released \_\_\_\_\_ ☐ ☐

## III. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: Laminated

1. Number of bodies in funeral establishment at time of inspection: 4
2. Number of bodies checked during inspection: 4 (1-2-3-4)
3. Location of bodies checked: Embalming Room (1-2-3-4)
4. Family/public present while body checked: \_\_\_\_\_
  - A. Name of Decedent \_\_\_\_\_ ☒ ☐
  - B. Date of Birth of Decedent \_\_\_\_\_ ☒ ☐
  - C. Date of Death of Decedent \_\_\_\_\_ ☒ ☐
  - D. Social Security Number of Decedent \_\_\_\_\_ ☒ ☐

## IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair \_\_\_\_\_ ☒ ☐
2. Sidewalks, entrances, walkways free of debris/obstacles \_\_\_\_\_ ☒ ☐
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels \_\_\_\_\_ ☒ ☐

**V. Preparation Rooms (Tennessee Rule 0660-11-.02)****ACCEPTABLE**

|   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Floor Composition _____                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan _____                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present _____              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag _____                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage _____                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control _____                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap _____                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary _____        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry _____                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility _____                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter _____                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies _____        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If no preparation room at this establishment, state where embalmings performed: \_\_\_\_\_

**VI. Name of Establishment (Tennessee Rule 0660-01-.03 2)**

|                            |                                     |                          |
|----------------------------|-------------------------------------|--------------------------|
| 1. Signage _____           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Advertisements _____    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Business Cards _____    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Internet web site _____ | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Price Lists _____       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums _____     | <input type="checkbox"/>            | <input type="checkbox"/> |

*corrected on site*

**REMARKS:**


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TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home & Crematory  
Name of establishment or individual

Address: 2517 Iratuaed. Ave.  
Street

License # 769 Columbia Tn 38401  
City State Zip

Manager: Alan Blenins

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

(1) 0660-11-06 - 577455 - package offerings listed on Statement of Funeral Goods & Services Selected must list each item included and state the name of the package sold along with the package price.

(2) 0660-11-06 - OBCPL - Wilbert Tribute & Wilbert SST Friene priced \$100.00 higher on package offering sheet displayed in selection room than the OBCPL states.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]  
Manager, Owner or Representative

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar days

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Lisa F. Luna

Date issued: 6-7-11

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

(5) Refrigeration unit in crematory - temperature gauge not working.



6-7-11  
Date

*Bill R. Luna*  
Field Representative's Signature

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5862  
FAX (615) 532-1803

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

### HUMAN CREMATORY INSPECTION REPORT

Establishment Name: William J. James & Son, Inc. Lic. #: 769  
Physical Location Address: 2517 Frattwood Ave. Phone #: 931-388-2135  
City, State, Zip Code: Columbia, TN 38401  
Mailing Address (if different from above): \_\_\_\_\_  
Licensed Funeral Director serving as Manager: Alan Alexius FD #: \_\_\_\_\_  
Licensed Funeral Director(s) performing cremations: Richard Dale Shelton FD #: 3355  
Christopher Taylor - 4245 Brian K. Cooper - 4760  
Number of cremations performed prior calendar year: 247 Number of cremations present year to date: 136  
Number of cremation files examined during this inspection: 15

#### 62-5-504. Prerequisites to Cremation

Required cremation permit from Health Department for each deceased.....

| Acceptable                          |                          |
|-------------------------------------|--------------------------|
| YES                                 | NO                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 62-5-107. Utilization of Licensed Crematory Facility

Cremation Authorization Form

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| A. Name, address and telephone number of crematory..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Signed by authorizing agent .....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Signed and dated by Licensed Funeral Director .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 62-5-509. Written Receipt for Remains - Records

1. Written receipt for delivery of human remains to crematory facility:

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| A. Name of decedent.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of delivery .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Type of casket or container remains delivered in.....                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person delivering remains to crematory facility .....          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home or other establishment.....                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F. Name of person receiving decedent on behalf of crematory facility..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Written receipt for release of cremated remains from crematory facility:

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| A. Name of decedent.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Date and time of release .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Name of person releasing cremated remains from crematory facility..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Name of person to whom cremated remains were released.....             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Name of funeral home, cemetery or other entity.....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



## 3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ YES ☐ NO
- B. Date and time of cremation..... ☒ YES ☐ NO
- C. Manner of final disposition (location, date and manner of final disposition)..... ☐ YES ☒ NO

**62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device**

- A. Name of Deceased..... ☐ YES ☐ NO
- B. Date of Birth..... ☐ YES ☐ NO
- C. Date of Death..... ☐ YES ☐ NO
- D. Social Security Number..... ☐ YES ☐ NO

Type of Permanent Identification Device used: LaminatedNumber of Cremated Remains Present: 1 Number of Cremated Remains Inspected: 0 (Not yet in urn)**62-5-507. Crematory Facility Operator Duties**

## Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... ☐ YES ☒ NO
- B. Any excess residue or fragments found in cremation chamber..... ☐ YES ☒ NO
- C. Any excess residue or fragments found in processing area..... ☐ YES ☒ NO
- D. Any unauthorized access or visibility noted..... ☐ YES ☒ NO
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 1996
- G. Was retort chamber(s) operational..... ☒ YES ☐ NO
- H. Temperature of retort chamber(s) when inspected: 2100 °F
- I. Refrigeration unit(s) on premises..... ☒ YES ☐ NO
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: thermostat not working
- L. Number of bodies present at time of inspection: 1
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☒ YES ☐ NO
- N. Embalmed bodies in holding area..... ☐ YES ☐ NO
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ YES ☐ NO
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ YES ☐ NO
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: 8-18-10 attached Obtain copy of report(s)  
TD done with number for each body to name and file - please  
disc with TD in urn - please only 1 remains at any time

R. Describe internal system used for tracing location of cremated remains during shipment (mail): Mail CallS. Signed receipt from person receiving cremated remains by mail: Tracking System**6660-9-.01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ YES ☒ NO
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ YES ☒ NO
- C. Any evidence of more than one (1) cremated remains placed in container..... ☐ YES ☒ NO
- D. Number of unclaimed cremated remains present at crematory facility: 0 - (1 in funeral home - not cremated here)

Describe procedure for handling and/or disposition of any unclaimed cremated remains: When crematory for another licensed establishment requires establishment to receive cremated remains**WARNING ISSUED**  
(Circle)**CITATION ISSUED**  
(Circle)Reason(s): Thermostat (temperature gauge on refrigeration unit not working - 62-5-507(4) - Manner of final disposition must disclose location of disposition

Comments:



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

January 12, 2012

Mike Andrews  
[REDACTED]

Columbia, TN 38401

RE: FUNERAL COMPLAINT #201200086  
MIKE ANDREWS

vs.

WILLIAMS FUNERAL HOMES & CREMATORY

Dear Mike Andrews:

This is to acknowledge receipt of the above referenced complaint filed by you. After receipt of a response from those complained against, and any additional investigation, our legal counsel will present the matter to the Board of Funeral Directors and Embalmers, which will render a final decision. You will be notified of your complaint's disposition.

It is important to note that our Boards and Commissions cannot recover or order the refund of any money or property to which you may be entitled. You must institute a civil lawsuit for this purpose and hire your own legal counsel, if necessary.

If additional information is needed, you will be contacted.

Sincerely,

*Robert B. Gribble* (signature)

Robert B. Gribble  
Executive Director

RBG/jg

### BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.)

As of, April 1, 2008, I quit working for Williams Funeral Home and Polk Memorial Gardens. The Funeral Home has maintained keeping my picture and my name on their website, which is a lie. They also have used my picture in the advertising of the local newspaper. After calling the funeral home and requesting for someone to call me back, no one has yet to respond. As of Jan 6, 2012 it is still on their website.

I left a message for Lauren Blasing, co-owner of the Funeral Home and cemetery to call me back, and she has not responded.

My request was to have my picture and my name removed from ~~their~~ all of their advertisements.

Mike Andrews Jr. 1-7-12

Other person(s) with firsthand knowledge of your complaint:

Name Wanda Andrews

Address 4013 Park Drive Col. TN 38401  
(Street Address) (City, State, Zip)

Home Phone 931-388-5789 Business Phone \_\_\_\_\_

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes \_\_\_\_\_ No ✓ not yet?

If YES, please provide the following:

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone \_\_\_\_\_

Are you licensed by this State Board? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give license number \_\_\_\_\_

Complainant Signature \_\_\_\_\_

**Optional**

(Except for Collections Services & Land Surveyors Complaints)

State of Tennessee

County of Maury

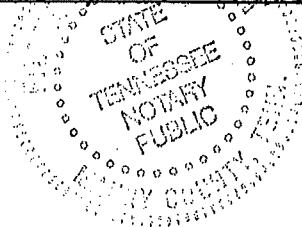
On this 7 day of January, 2012, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at January 7 2012 this date.

Francis P. Dickson  
Notary Public

My Commission Expires:

August 23, 2012



2517 Trotwood Ave.  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137



819 N. Main St.  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

**RECEIVED**

JAN 25 2012

**FUNERAL BOARD  
BURIAL SERVICES**

January 23, 2012

Response to Funeral Complaint #201200086

Mike Andrews vs. Williams Funeral Home and Crematory

This written response acknowledges receipt of the complaint against Williams Funeral Home and Crematory by Mr. Mike Andrews.

Mr. Andrews was employed by Williams Funeral Home and Crematory as a part-time, non-licensed Funeral Assistant (Greeter) until April of 2008, when a "retirement" party was given for him in appreciation of his work at Williams. At that time, and subsequent months later, there was never any mention by Mr. Andrews to remove his photo from the web site. It was our understanding that he may make himself available to assist if we ever were in a bind and needed extra help.

Recently, Mr. Andrews did causally mention to an employee that he wanted his name off the website, but he never made a direct request to me. His wife did leave a message for a return call with Lauren Blevins, my daughter, but she did not state what the call was regarding. Lauren assumed that the call was personal since the Andrews family and I have always been good friends. I feel that Mr. Andrews is being influenced by a disgruntled former employee.

In response to this misunderstanding, Mr. Andrews' picture and name have been removed from the website and will no longer be associated with Williams Funeral Home and Crematory. We hope this action resolves the complaint and satisfies the matter for the Board.

Sincerely Submitted,

Alan Blevins

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.*

*Love Goes On™*



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**  
DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 632-1903  
<http://funeral.tn.gov>

May 11, 2012

Mike Andrews  
[REDACTED]

Columbia, TN 38401


**RE: FUNERAL COMPLAINT 201200086  
MIKE ANDREWS  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Mike Andrews:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on May 8, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

*Robert B. Gribble* 

Robert B. Gribble  
Executive Director

RBG/lm



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5082  
FAX (615) 532-1903  
<http://funeral.tn.gov>

May 11, 2012

Williams Funeral Home & Crematory  
Attn: Alan Blevins, Manager  
P.O. Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT 201200086  
MIKE ANDREWS**

**vs.**


**WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on May 8, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

*Robert B. Gribble* 

Robert B. Gribble  
Executive Director

RBG/lm



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES**

500 JAMES ROBERTSON PARKWAY, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

**CERTIFIED MAIL**

March 19, 2012

Williams Funeral Homes & Crematory  
Attn: Alan Blevins, Manager  
P.O. Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201200716  
OAKES & NICHOLS, INC.**

**vs.**

**WILLIAMS FUNERAL HOMES & CREMATORY**

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Robert B. Gribble  
Executive Director

RBG:jg

Enclosure(s)

Certified Number 7011 0470 0001 0474 9690



# Oakes & Nichols, Inc.

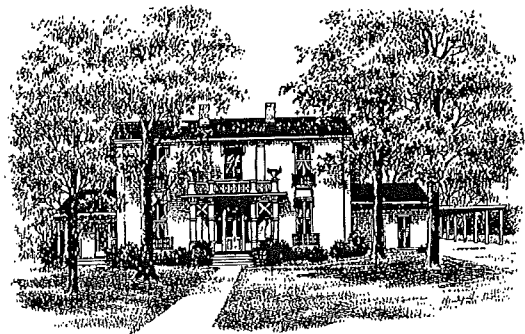
Funeral Directors Since 1856

320 West Seventh Street - P. O. Box 1015

Columbia, Tennessee 38402-1015

Telephone (931) 388-4711

Bunny Sowell & Tony Sowell



**RECEIVED**

MAR 15 2012

**FUNERAL BOARD  
BURIAL SERVICES**

Mr. Robert Gribble, Executive Director  
Tennessee Board of Funeral Directors & Embalmers  
Davy Crockett Tower  
500 James Robertson Parkway  
Nashville, Tennessee 37243-1144

Enclosed please find copies of two advertisements which have appeared in the Columbia, Tennessee newspaper *THE DAILY HERALD* on a number of occasions. The copies enclosed each appeared in the Sunday, March 11, 2012 edition of the paper.

The advertisement from Williams Funeral Home & Crematory lists a **Simple Cremation Service** (direct cremation with container) **only \$750.00**. The firm's General Price List, copy enclosed, does not list this "package" as advertised, nor are the charges itemized in the explanation of the package.

The advertisement from Heritage Funeral Home & Cremation Services lists **Cremations Starting at \$892.00**. The firm's price list on their website ([www.tnFunerals.com](http://www.tnFunerals.com)) does not list this "package" as advertised, nor are the charges itemized in the explanation of the package.

Please advise if these advertisements and what they represent are consistent and in compliance with the requirements of Tennessee Funeral Laws and policies as set forth in the TENNESSEE CODE, ANNOTATED.

Thank you for your consideration of this request.

Matthew F. Sowell  
Oakes & Nichols, Inc.

ENCLOSURES:



SELECTED  
Independent  
FUNERAL HOMES  
Member by Invitation





2517 Trotwood Ave.  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137

FUNERAL HOMES & CREMATORY

www.williamsfh.com

819 N. Main St.  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

Mr. Robert Gribble, Executive Director  
Tennessee Board of Funeral Directors and Embalmers  
Davy Crockett Tower  
500 James Robertson Parkway  
Nashville, TN 37243-1144

RECEIVED

MAR 29 2012

FUNERAL BOARD  
BURIAL SERVICES

This letter acknowledges receipt of Funeral Complaint #201200716 by Matthew F. Sowell of Oakes & Nichols, Inc. against Williams Funeral Homes and Crematory, and also serves as our response of said complaint.

First of all, complainant submitted an ad from *The Daily Herald* from March 11, 2012. The ad clearly states that our price is effective 7/25/2011, but he submitted to you our GPL effective 4/15/2011. I have enclosed our latest GPL dated 7/25/2011.

Second, by Federal Rule, Direct Cremation is one of four *minimal services* required to be listed on the GPL (the other three are: forwarding of remains, receiving remains, and immediate burial). Direct Cremation is NOT considered a package under the Federal Rule and does not have to be presented as a package on the GPL. Likewise, the Federal rule requires a range of prices for a direct cremation (all inclusive) and *one* price for a direct cremation with the family providing the container and *one* price for a direct cremation with an alternative container provided by the funeral home. Federal rules states that items included in the minimal service be listed, but the cost of each item does not have to be itemized.

For the state to call a direct cremation a "package" and require an itemization of the cost of each item in a direct cremation goes against the general understanding of the Federal Rule. Also, to say that Direct Cremation is a minimal service for GPL and contract purposes, and then call it a package for advertizing purposes, is arbitrary and confusing. In addition, if the state takes this position on direct cremation, then it must also apply the position to the advertizing of forwarding of remains, immediate burials and receiving remains.

In light of the above response, we ask that this complaint to be dismissed.

Sincerely,

Alan Blevins  
Owner-Manager  
ENCLOSURE

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during, and after the family's time of need.*

*Love Goes On™*



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

September 5, 2012

Williams Funeral Home & Crematory  
Attn: Alan Blevins  
PO Box 38  
Columbia, TN 38402-0038

RE: FUNERAL COMPLAINT # 201200716  
OAKES & NICHOLS, INC.  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on August 14, 2012.

After discussion and review of the complaint and response with our legal counsel, it was decided to close this complaint with a **Letter of Warning**.

Sincerely,

Lisa Mosby  
Complaint Coordinator



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
OFFICE OF LEGAL COUNSEL

500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER, 5<sup>TH</sup> FLOOR  
NASHVILLE, TENNESSEE 37243  
TELEPHONE (615) 741-3072 FACSIMILE (615) 741-4750

August 15, 2012

Williams Funeral Homes & Crematory  
Attn: Alan Blevins, Manager  
P.O. BOX 38  
Columbia, Tennessee 38402-0038

Via Certified Mail No. 7011 2970 0003 4360 3554

RE: Letter of Warning  
Case Number L12-FUN-RBS-2012007161


Dear Mr. Blevins:

I serve as legal counsel for the Tennessee Board of Funeral Directors and Embalmers. Please be advised that the Board recently considered a matter in which you advertised a Simple Cremation Service (direct cremation with container) in a local publication without providing an itemized price for each item. Please note that this area is governed by Tennessee Code Annotated § 62-5-106.

Please take appropriate steps to ensure that in the future you comply with this statutory requirement. Failure to do so may result in disciplinary action by the Board. A copy of the Funeral Directors and Embalmers law and the Board's rules can be obtained from the Funeral Board and Burial Services website at:  
<http://tn.gov/commerce/boards/funeral/index.shtml>.

Thank you for your prompt attention to this matter.

Sincerely,

  
R. Benton McDonough  
Assistant General Counsel

*New Establishment Application  
Initial Inspection*



10-1-12  
Date

Steve R. Luna  
Field Representative's Signature

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5082  
FAX (615) 532-1903

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: Polk Memorial Crematory Lic. #: New application  
Physical Location Address: 6465 Iristwood Avenue Phone #: 931-388-1803  
City, State, Zip Code: Columbia, TN 38401  
Mailing Address (if different from above): P.O. Box 38 - 738401  
Licensed Funeral Director serving as Manager: Alan Blenkins FD #: 3435  
Licensed Funeral Director(s) performing cremations: Lauren Blenkins FD #: 6216

*New applications*  
Number of cremations performed prior calendar year: \_\_\_\_\_ Number of cremations present year to date: \_\_\_\_\_

Number of cremation files examined during this inspection: \_\_\_\_\_

**62-5-504. Prerequisites to Cremation**

Required cremation permit from Health Department for each deceased: *New application* YES ☐ NO ☐

**62-5-107. Utilization of Licensed Crematory Facility**

Cremation Authorization Form

- A. Name, address and telephone number of crematory: *Form to be used is attached* YES ☐ NO ☐  
B. Signed by authorizing agent: YES ☐ NO ☐  
C. Signed and dated by Licensed Funeral Director: YES ☐ NO ☐

**62-5-509. Written Receipt for Remains - Records**

- New application*  
1. Written receipt for delivery of human remains to crematory facility: *Form attached*  
A. Name of decedent: YES ☐ NO ☐  
B. Date and time of delivery: YES ☐ NO ☐  
C. Type of casket or container remains delivered in: YES ☐ NO ☐  
D. Name of person delivering remains to crematory facility: YES ☐ NO ☐  
E. Name of funeral home or other establishment: YES ☐ NO ☐  
F. Name of person receiving decedent on behalf of crematory facility: YES ☐ NO ☐  
2. Written receipt for release of cremated remains from crematory facility: *Form attached*  
A. Name of decedent: YES ☐ NO ☐  
B. Date and time of release: YES ☐ NO ☐  
C. Name of person releasing cremated remains from crematory facility: YES ☐ NO ☐  
D. Name of person to whom cremated remains were released: YES ☐ NO ☐  
E. Name of funeral home, cemetery or other entity: YES ☐ NO ☐

3. Record (log) of each cremation conducted:

A. Name of decedent.....

B. Date and time of cremation.....

C. Manner of final disposition (location, date and manner of final disposition).....

*New Application*

**62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device**

A. Name of Deceased.....

B. Date of Birth.....

C. Date of Death.....

D. Social Security Number.....

YES

NO

Type of Permanent Identification Device used: *Laminated*

Number of Cremated Remains Present: *0*

Number of Cremated Remains Inspected: \_\_\_\_\_

**62-5-507. Crematory Facility Operator Duties**

Inspection of Crematory Facility

A. Is cremation in progress at time of inspection.....

B. Any excess residue or fragments found in cremation chamber.....

C. Any excess residue or fragments found in processing area.....

D. Any unauthorized access or visibility noted.....

E. Number of retort chambers: *1*

F. Date retort chamber(s) placed in service: \_\_\_\_\_

G. Was retort chamber(s) operational.....

H. Temperature of retort chamber(s) when inspected: \_\_\_\_\_

I. Refrigeration unit(s) on premises.....

J. Total body capacity of refrigeration unit(s): *3*

K. Temperature of refrigeration unit(s) at time of inspection: *37°F*

L. Number of bodies present at time of inspection: *2*

M. Unembalmed bodies held for eight (8) hours in refrigeration unit.....

N. Embalmed bodies in holding area.....

O. Is the crematory facility maintained in a neat, clean and orderly fashion.....

P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity.....

Date(s) of last inspection/maintenance: \_\_\_\_\_

- Obtain copy of report(s)

Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: *Assigned to remain upon arrival - Disc*

*Assigned - Stay with remain throughout process*

R. Describe internal system used for tracing location of cremated remains during shipment (mail): *USPS -*

S. Signed receipt from person receiving cremated remains by mail.....

**0660-9-.01 Requirements For A Crematory**

A. Any evidence of commingling of cremated ashes for storage or disposition.....

B. Any evidence of more than one (1) body being placed in cremation chamber.....

C. Any evidence of more than one (1) cremated remains placed in container.....

D. Number of unclaimed cremated remains present at crematory facility: \_\_\_\_\_

YES

NO

Describe procedure for handling and/or disposition of any unclaimed cremated remains

*Funeral Home that arranged cremation*

WARNING ISSUED

(Circle)

CITATION ISSUED

(Circle)

Reason(s): \_\_\_\_\_

Comments:

*Initial inspection - 0660-6-01(1)(a) regarding connection to summer sept to needs to be addressed*

*Citation attached*



12-6-12  
Date

*Eric R. Luna*  
Field Representative's Signature

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: *Salts Memorial Crematory* Lic. #: *1255*  
Physical Location Address: *6465 Inglewood Ave.* Phone #: *931-388-2135*  
City, State, Zip Code: *Columbia, TN 38401*  
Mailing Address (if different from above): \_\_\_\_\_

Licensed Funeral Director serving as Manager: *Alan R. Blum* FD #: *3435*

Licensed Funeral Director(s) performing cremations: *Lauren Blum* FD #: *6216*

*Melissent Claiborne - 5641* *Alan Blum - 3435*

Number of cremations performed prior calendar year: *10-18-12* Number of cremations present year to date: *45*

Number of cremation files examined during this inspection: *9*

**62-5-504. Prerequisites to Cremation**

Required cremation permit from Health Department for each deceased..... Acceptable  
YES ☒ NO ☐

**62-5-107. Utilization of Licensed Crematory Facility**

Cremation Authorization Form

A. Name, address and telephone number of crematory..... ☒ ☐  
B. Signed by authorizing agent..... ☒ ☐  
C. Signed and dated by Licensed Funeral Director..... ☒ ☐

**62-5-509. Written Receipt for Remains - Records**

1. Written receipt for delivery of human remains to crematory facility:

A. Name of decedent..... ☒ ☐  
B. Date and time of delivery..... ☒ ☐  
C. Type of casket or container remains delivered in..... ☒ ☐  
D. Name of person delivering remains to crematory facility..... ☒ ☐  
E. Name of funeral home or other establishment..... ☒ ☐  
F. Name of person receiving decedent on behalf of crematory facility..... ☒ ☐

2. Written receipt for release of cremated remains from crematory facility:

A. Name of decedent..... ☒ ☐  
B. Date and time of release..... ☒ ☐  
C. Name of person releasing cremated remains from crematory facility..... ☒ ☐  
D. Name of person to whom cremated remains were released..... ☒ ☐  
E. Name of funeral home, cemetery or other entity..... ☒ ☐

## 3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ YES ☐ NO
- B. Date and time of cremation..... ☒ YES ☐ NO
- C. Manner of final disposition (location, date and manner of final disposition)..... ☒ YES ☐ NO

**62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device**

- A. Name of Deceased..... ☒ YES ☐ NO
- B. Date of Birth..... ☒ YES ☐ NO
- C. Date of Death..... ☒ YES ☐ NO
- D. Social Security Number..... ☒ YES ☐ NO

Type of Permanent Identification Device used: None →Number of Cremated Remains Present: 0 Number of Cremated Remains Inspected: —**62-5-507. Crematory Facility Operator Duties**

## Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... ☒ YES ☐ NO
- B. Any excess residue or fragments found in cremation chamber..... ☒ YES ☐ NO
- C. Any excess residue or fragments found in processing area..... ☒ YES ☐ NO
- D. Any unauthorized access or visibility noted..... ☒ YES ☐ NO
- E. Number of retort chambers: 1
- F. Date retort chamber(s) placed in service: 10-19-12
- G. Was retort chamber(s) operational..... ☒ YES ☐ NO
- H. Temperature of retort chamber(s) when inspected: 1602°F & climbing
- I. Refrigeration unit(s) on premises..... ☒ YES ☐ NO
- J. Total body capacity of refrigeration unit(s): 3
- K. Temperature of refrigeration unit(s) at time of inspection: 36°F
- L. Number of bodies present at time of inspection: 3
- M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... ☒ YES ☐ NO
- N. Embalmed bodies in holding area..... ☒ YES ☐ NO
- O. Is the crematory facility maintained in a neat, clean and orderly fashion..... ☒ YES ☐ NO
- P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... ☒ YES ☐ NO
- Date(s) of last inspection/maintenance: initial installation - Obtain copy of report(s)
- Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: Copy attached

R. Describe internal system used for tracing location of cremated remains during shipment (mail): Return ReceiptS. Signed receipt from person receiving cremated remains by mail..... ☐ YES ☐ NO**0660-9-01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... ☐ YES ☒ NO
- B. Any evidence of more than one (1) body being placed in cremation chamber..... ☐ YES ☒ NO
- C. Any evidence of more than one (1) cremated remains placed in container..... ☐ YES ☒ NO
- D. Number of unclaimed cremated remains present at crematory facility: 0

Describe procedure for handling and/or disposition of any unclaimed cremated remains

Copy attachedWARNING ISSUED  
(Circle)CITATION ISSUED  
(Circle)Reason(s): (1) TCA 62-5-313(2) TCA 62-5-509 (c)(4)(3) TCA 62-5-509 (d)(1)(D)Comments: first dir. #300 - Ret dir. #305 on 12-5-12





TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Polk Memorial Crematory  
Name of establishment or individual

Address: 6465 Treasured Ave.  
Street

License # 1255

Columbia Tn 38401  
City State Zip

Manager: Alan Blum

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1.) TCA 62-5-313 - Failure to place an identification tag in urn containing name of decedent, DOB, DOD, SS#. ID tag required by this statute not presented upon request at inspection. Copy of crematory procedures presented at inspection fails to include this requirement, with only reference to a disc. referenced in procedures as ID tag.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicates that you, as owner, manager, or agent in charge of this establishment, have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate. Furthermore, curing this violation does not necessarily prevent further disciplinary action relating to this violation deemed appropriate by the Tennessee State Board of Funeral Directors and Embalmers.

Alan Blum  
Manager, Owner or Representative

- (2) TCA 62-5-509(e)(4) - Failure to maintain a separate record, containing the location, date, and manner of final disposition by the crematory of cremated remains.

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE

## CITATION

YOU MAY RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

- (3) TCA 62-5-509(d)(1)(D) - Failure to record the name of funeral home, crematory, or other entity to whom the cremated remains were released.

Order issued by: Bill E. Luma

Date issued: 12-6-12

VERY IMPORTANT: Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

on release of Alice Brown - 10-22-12  
of Martin Luma - 10-22-12.

Memorandum

To: Complaint Coordinator

From: Bill R. Luna, Field Rep/227

Date: December 11, 2012

Subject: Inspection of Polk Memorial Crematory, 6465 Trotwood Avenue, Columbia, TN 38401 on December 6, 2012

After inspection of the above establishment, I issued a citation for the following violations:

**(1) TCA 62-5-313**---As of the date of inspection, this crematory had cremated 45 (forty five) human remains from the date crematory was placed in service(10-18-12). Of the 45, NONE of the urns contained the identification device required by State law, as learned in the interview process with Lauren Blevins and Kerry Boshers, both whom stated only the numbered round disc has been placed in the urns with the cremated remains. Lauren Blevins and Kerry Boshers were the only staff present at the December 6 inspection.

It should be noted that the initial inspection for this proposed crematory took place on October 1, 2012 when Melicent Clinkenbeard was the only staff member present. At the initial inspection, as a matter of courtesy, I made a point to physically point out in the "Tennessee Funeral Laws" book, 2010 edition, the statute requirements contained in the "Human Crematory Inspection Report" for which a field representative will have to check during the next inspection that will take place. I also clearly advised Ms. Clinkenbeard that should the establishment have any questions relating to the requirements to notify the Board office.

**(d) (1)** Prior to or at the time of placing a dead human body in a casket for interment or entombment, each funeral establishment shall securely affix or attach to the body, preferably upon the ankle, a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number. If that information is not available to the funeral establishment, then a permanent identification device stating that the information is not available shall be affixed or attached to the body.

**(2)** If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.

**(2) TCA 62-5-509 (e) (4)---** Failure to maintain a separate record containing the location, date, and manner of final disposition by the crematory of the cremated remains. This "separate record" containing the required information has not been maintained and was not presented at inspection for any of the 45 human remains cremated. Again, as a matter of courtesy, I clearly explained to Mellicent Clinkenbeard at the initial inspection this "separate record" requirement pertains to the final disposition by the crematory, and although most crematory operators choose to maintain this required information in their "crematory log", the requirement is that the required information be documented in a "separate record". I also explained this requirement to Lauren Blevins and Kerry Boshers at the 12-6-12 inspection when no separate record was presented.

**(e)** During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years:

**(1)** A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body;

**(2)** A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains;

**(3)** A copy of each delivery receipt issued under this section; and

**(4)** A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.

**(f)** All records required to be maintained under this part are subject to inspection by the board of funeral directors and embalmers or an authorized representative of the board, upon reasonable notice, at any reasonable time.

**HISTORY:** Acts 1999, ch. 215, § 9; 2000, ch. 779, §§ 19-23.

**TCA 62-5-509 (d) (1) (D)---** Failure to record the name of the funeral home, cemetery, or other entity to whom the cremated remains were released on releases for Alice Brown-10-22-12 and Martin Lerna-10-22-12.

**d) (1)** At the time of releasing cremated remains, an operator of a crematory facility shall ensure that a written receipt signed by both a representative of the crematory facility and the person who received the cremated remains is provided to the person who received the cremated remains. Unless the cremated remains are those of a dead human body that was donated to science for purposes of medical education or research or are those of body parts,

the receipt shall indicate:

- (A) The name of the decedent;
- (B) The date and time of the release;
- (C) The name of the person to whom the cremated remains were released;
- (D) If applicable, the name of the funeral home, cemetery or other entity to whom the cremated remains were released; and
- (E) The name of the person who released the cremated remains on behalf of the crematory facility.

At the exit interview with Lauren Blevins I went over each item on the "Notice of Violation" and referenced the statute requirement location in the law book. Lauren Blevins stated she understood the violations and will see that each is corrected since there apparently has been a breakdown in communication within their organization.

I additionally asked if she had any questions regarding the inspection or the citation. She stated she did not.

I then advised her if anyone has any questions regarding the matter to notify the Board office and I will gladly return their phone call if I can clarify any requirement regarding the inspection.

warning attached



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-3082  
FAX (615) 582-1903  
<http://funeral.tn.gov>

4-13-12  
Date

Chris K. Luna  
Field Representative's Signature

## ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. Lic # 268  
Physical Address: 819 North Main St. Phone # 931-379-6574  
City, State, Zip Code: Mount Pleasant, TN 38474 Fax # 931-379-5580  
Mailing Address (if different from above): P.O. Box 38 - Columbia, TN 38402  
Establishment web site address: williamsfh.com

Establishment email address: \_\_\_\_\_

Contact Person(s) during inspection: Alan Blumens - Melicent Chickenshead - Mary Backus

Funeral Director serving as manager: Lauren A. Blumens FD # 6216 Emb # \_\_\_\_\_

Total Calls previous year: 77 Total Calls current year to date: 7

Total Cremations previous year: 5 Total Cremations current year to date: 0

## Licensed Funeral Directors &amp; Embalmers and License Numbers

|   |  |
|---|--|
| <u>Alan Blumens - 3435 - 3753</u>         |  |
| <u>Richard Wade Shotton - 3355 - 3700</u> |  |
| <u>Melicent Chickenshead - 5611</u>       |  |
|   |  |
|   |  |

## Apprentice Funeral Director &amp; Embalmers and License Numbers

|  |  |
|--|--|
|  |  |
|  |  |

## Pre-Need Sales Agents &amp; License Numbers (Tennessee Code Annotated 62-5-404a)

|                                |                                    |
|--------------------------------|------------------------------------|
| <u>Herrin Lane - 1360</u>      | <u>Billy W. Purcell, Jr. - 339</u> |
| <u>Paula R. Lindsey - 118</u>  | <u>Alan Blumens - 1103</u>         |
| <u>William S. Herrem - 196</u> |                                    |

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)

License Number: 656 Expiration Date: 5-31-12

**I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)**

**A. GENERAL PRICE LIST**

|  | ACCEPTABLE                          |                          |
|--|-------------------------------------|--------------------------|
|  | YES                                 | NO                       |
| 1. Name, address, & telephone number                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Date  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer's Right of Selection disclosure              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic Service Fee disclosure                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket Price List disclosure                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer Burial Container Price List disclosure          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative Container for Direct Cremation disclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**B. Required 16 Itemized Prices on General Price List**

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 1. Basic Services of Funeral Director and Staff     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Preparation of the Body                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of Remains to Funeral Home              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of Facilities and Staff for funeral ceremony | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of Facilities and Staff for viewing          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of Facilities and Staff for memorial service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of Equipment and Staff for graveside service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket Prices                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer Burial Container Prices                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate Burial                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct Cremation                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**C. Casket Price List**

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 1. Name of funeral establishment                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**D. Outer Burial Container Price List**

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 1. Name of funeral establishment                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**E. Statement of Funeral Goods and Services Selected**

|   |                                     |   |
|---|-------------------------------------|---|
| 1. Cost of services, merchandise & <u>description</u>                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> See warning |
| 2. Legal requirement disclosure   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |
| 3. Embalming disclosure   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> See warning |
| 4. Cash Advance disclosure  | <input type="checkbox"/>            | <input type="checkbox"/>                        |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: <u>7</u> |                                     |   |

## II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: William Funeral Home & Crematory
2. License number of crematory(s) used: 769
3. Date of inspection report used: 6-7-11
4. Number of cremation files examined during inspection: 3

### A. Cremation Authorization Forms:

- |  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of deceased                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of decedent  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- |                      |                                     |                          |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Advertisements    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Business Cards    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Internet web site | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Price Lists       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums     | <input type="checkbox"/>            | <input type="checkbox"/> |
- Corrected on Site*

## IV. Public Areas (Tennessee Rule 0660-11-.04)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## V. Preparation Rooms (Tennessee Rule 0660-11-.02)

## ACCEPTABLE

YES NO

1. Floor Composition \_\_\_\_\_ ☐ ☐
2. Ventilation/Exhaust Fan \_\_\_\_\_ ☐ ☐
3. Instrument Disinfection Chemicals Present \_\_\_\_\_ ☐ ☐
4. Trash Container Covered Non-Porous Bag \_\_\_\_\_ ☐ ☐
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag \_\_\_\_\_ ☐ ☐
6. Chemical Storage \_\_\_\_\_ ☐ ☐
7. Excess Storage Control \_\_\_\_\_ ☐ ☐
8. Paper towels, hand soap \_\_\_\_\_ ☐ ☐
9. All Surfaces/Tables/Fixtures/Equipment sanitary \_\_\_\_\_ ☐ ☐
10. Secured to prevent unauthorized entry \_\_\_\_\_ ☐ ☐
11. No window visibility \_\_\_\_\_ ☐ ☐
12. Orderly/Free from clutter \_\_\_\_\_ ☐ ☐
13. Used only for preparation of dead human bodies \_\_\_\_\_ ☐ ☐

*No Embalming  
at this  
location*

If no preparation room at this establishment, state where embalming procedures

are performed: *Williams Funeral Home & Crematory  
2517 Westwood Ave - Columbia, TN 38401*

## VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: *Laminated*

1. Number of bodies in funeral establishment at time of inspection: *1*
2. Number of bodies checked during inspection: *0* (*visitation*)
3. Location of bodies checked: \_\_\_\_\_
4. Family/public present while body checked: \_\_\_\_\_

## ACCEPTABLE

YES NO

- A. Name of Decedent \_\_\_\_\_ ☐ ☐
- B. Date of Birth of Decedent \_\_\_\_\_ ☐ ☐
- C. Date of Death of Decedent \_\_\_\_\_ ☐ ☐
- D. Social Security Number of Decedent \_\_\_\_\_ ☐ ☐

## REMARKS:

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TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home, Inc.  
Name of establishment or individual

Address: 819 North Main St.  
Street

License # 268

Mount Pleasant, TN 38474  
City State Zip

Manager: Lauren A. Blum

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11-06 - 5 of FH & SS - Computer Generated copy of 5 of FH & SS does not comply with required disclosure for "Embalming", nor does the 5 of FH & SS for deceased Wanda Kaye Hayes - D00-1-6-12 meet itemization requirements for this document. Thirdly, listing for "Simple Funeral Package" does not agree with same

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

Melissa K. Chubb  
Manager, Owner or Representative

offering on package offering sheet (Wanda Kaye Hayes)

- (2) 0660-11-06 - 5 of FH & SS - package offerings charged must

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar Days

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill R. Luna

Date issued: 4-13-12

- (3) This establishment is using two different 5 of FH & SS. Only one format should be used.

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES  
600 JAMES ROBERTSON PARKWAY, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

**CERTIFIED MAIL**

August 27, 2012

Williams Funeral Home & Crematory  
Attn: Alan Blevins  
PO Box 38  
Columbia, TN 38402-0038

RE: FUNERAL COMPLAINT #201201910  
BLAKE A. CARROLL  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. A copy is enclosed for your reference.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

*Lisa Mosby*  
Lisa Mosby  
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 1911



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

August 27, 2012

Blake A. Carroll  
[REDACTED]

Hohenwald, TN 38462-1028

RE: FUNERAL COMPLAINT #201201910  
BLAKE A. CARROLL  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY

Dear Blake A. Carroll:

This is to acknowledge receipt of the above referenced complaint filed by you. After receipt of a response from those complained against, and any additional investigation, our legal counsel will present the matter to the Board of Funeral Directors and Embalmers, which will render a final decision. You will be notified of your complaint's disposition.

It is important to note that our Boards and Commissions cannot recover or order the refund of any money or property to which you may be entitled. You must institute a civil lawsuit for this purpose and hire your own legal counsel, if necessary.

If additional information is needed, you will be contacted.

Sincerely,

*Lisa Mosby*

Lisa Mosby  
Complaint Coordinator

## **Robert Gribble**

---

**From:** RB Complaints  
**Sent:** Monday, August 27, 2012 9:30 AM  
**To:** Robert Gribble  
**Subject:** FW: On-Line Complaint Form

Please see complaint below.  
Elizabeth

-----Original Message-----

**From:** Nobody [mailto:nobody@ag03uw21.state.tn.us]  
**Sent:** Friday, August 24, 2012 4:29 PM  
**To:** RB Complaints  
**Subject:** On-Line Complaint Form

Below is the result of your feedback form. It was submitted by  
( ) on Friday, August 24, 2012 at 16:28:37

---

**Board:** Board of Funeral Directors and Embalmers

**Date Filed:** 08/24/2012

**Complainant:** Blake A. Carroll

**Complainant Street Address:** [REDACTED]

**Complainant City, State, Zip:** Hohenwald, TN 38462

**Complainant Telephone:** [REDACTED]

**Complainant Email Address:** [REDACTED]

**Are you licensed by this State Board?:** No

**Respondent:** Williams Funeral Home

**Respondent Street Address:** 109 Blythewood Dr.

**Respondent City, State, Zip:** Columbia, TN 38401

**Respondent Telephone:** 931-388-2135

**Employer Name:** Williams Funeral Home

**Employer Address:** 109 Blythewood Dr. Columbia, TN 38401

**Employer Phone:** 931-388-2135

Complaint Basis: Williams Funeral Home and the Cremation Society of Tennessee located in Columbia, Tennessee, are in violation of state and federal laws. The following are some of which you should be aware of:

- A three-stack cooler is being utilized in a barn located Polk Cemetery in Columbia to store unembalmed remains until an affiliated crematory becomes available for cremating.
- Unlicensed personnel are waiting on families and carrying out funeral services with no licensed funeral director present.
- Unlicensed personnel are embalming remains without a licensed embalmer on the premises.
- Since the Williams Funeral Home burned on Trotwood Avenue in Columbia temporary facilities are being used at 109 Blythewood Drive in Columbia including a makeshift preparation room, which violates state and OSHA regulations. Unembalmed remains are also kept at this location for days if there is no room in three-stack cooler located at Polk Cemetery.

Name of other persons with firsthand knowledge of your complaint: Lauren Blevins

Address of other persons with firsthand knowledge of your complaint: 109 Blythewood Dr. Columbia, TN 38401

Witness2 Name: Ben Curtis

Witness2 Address: 109 Blythewood Dr. Columbia, TN 38401

Have you consulted an attorney?: No

agreecheck: I attest to the accuracy or truthfulness of the content.

\*Consumer Signature: Blake Carroll

\*Submit Date: 08/24/2012

-----



FUNERAL HOMES & CREMATORY

109 Blythewood Drive  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137

www.williamsfh.com

819 N. Main Street  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

September 11, 2012

Tennessee Board of Funeral Director & Embalmers  
500 James Robertson Parkway  
Second Floor  
Nashville, TN 37243

RECEIVED

SEP 14 2012

FUNERAL BOARD  
BURIAL SERVICES

To Whom It May Concern:

In response to a letter dated August 27, from Blake Carroll, please find our response below:

- 1) Mr. Carroll alleges that we are using a 3-stack cooler in a barn located at Polk Memorial Gardens until the paperwork can be made ready for cremation. The cooler mentioned is the one we were able to save from our Trotwood Avenue location and there is video surveillance in the area where it has been placed. Additionally, we have now installed a lock on the cooler. All human remains are properly tagged and leakproof cremation boxes labeled.
- 2) Mr. Carroll alleges that unlicensed personnel are waiting on families and carrying out funeral services with no licensed funeral director present. The only time an "unlicensed" person waits on a family is a funeral director apprentice with a licensed funeral director present with them or at least on the premises. Also, we have never and would never, conduct funeral services without at least one, often times two, licensed funeral directors present.
- 3) Mr. Carroll alleges that unlicensed personnel are embalming remains without a licensed embalmer present. Again, this is a false allegation. Mr. Carroll himself did embalm a few cases for us; however, he was always in the presence of a licensed embalmer. Presently, all our embalming is done by Garry W. Jones, licensed number 3882, using the facilities of Lawrence Funeral Home in Chapel Hill, TN.
- 4) Mr. Carroll also alleges that we are using a makeshift "preparation" room at our 109 Blythewood Drive facility. The room is used for dressing, cosmetizing, hair preparation prior to casketing. We have no embalming equipment in this room (as was seen by Mr. Bill Luna when he did our inspection). This room is clearly marked "employees only" and is kept closed to the public. As to the allegation regarding keeping deceased persons in our building when the three-stack cooler is full, from time to time we have had to wait until the space was available to move them to the cooler.

The two employees, noted as witnesses, are providing an affidavit disputing the allegations. Please see attached.

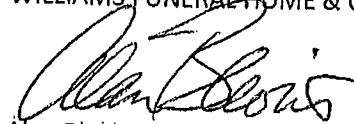
*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.*

*Love Goes On™*

For the information of your board, Mr. Carroll made these allegations on the first business day following his dismissal from our employment due to the fact that he wrecked one of our company vehicles and did not disclose it to management. We believe that these allegations are merely a retaliatory measure taken by Mr. Carroll.

Respectfully,

WILLIAMS FUNERAL HOME & CREMATORY

A handwritten signature in cursive script, appearing to read "Alan Blevins".

Alan Blevins

Manager & President

AB:mc

September 11, 2012

RECEIVED

SEP 14 2012

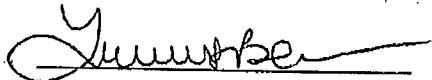
FUNERAL BOARD  
BURIAL SERVICES

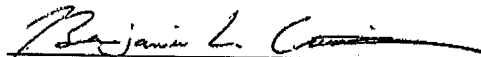
To Whom It May Concern:

Mr. Blake Carroll stated in a complaint against Williams Funeral Home & Crematory, that we had firsthand knowledge of his complaints.

We attest to the fact that the responses made by Mr. Alan Blevins, owner and manager of Williams Funeral Home & Crematory, are true and accurate.

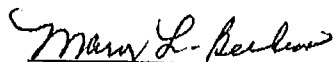
We do not support or uphold any of Mr. Carroll's allegations as being true but only the retaliation of a disgruntled former employee.

  
Lauren A. Blevins

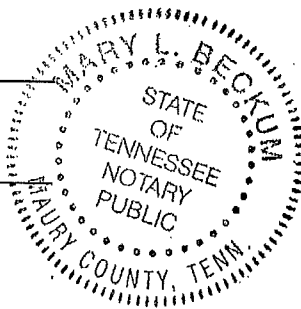
  
Benjamin L. Curtis

State of Tennessee  
County of Maury

On this date, September 11, 2012, appeared before me, Lauren A. Blevins and Benjamin L. Curtis, individuals both known to me.

  
Notary Public

  
My Commission Expires





*Blake A. Carroll*

305 THOMAS AVE.  
HOHENWALD, TN 38462  
(731) 434-9743

September 20, 2012

**RECEIVED**

**SEP 26 2012**

**FUNERAL BOARD  
BURIAL SERVICES**

Ms. Lisa Mosby  
Tennessee Board of Funeral Directors & Embalmers  
500 James Robertson Parkway  
2<sup>nd</sup> Floor  
Nashville, TN 37243

Re: Funeral Complaint #201201910 – Blake A. Carroll vs. Williams Funeral Home & Crematory

Dear Ms. Mosby:

I received your letter dated September 17, 2012; however, I am not satisfied with the responses from Mr. Alan Blevins of Williams Funeral Home & Crematory. In addition, as I examined the responses I discovered falsified information. As a result, I believe it's imperative that I clarify in detail what I witnessed while employed at this funeral home. Of course, I realize this is basically a situation of "my word" against "his word." Nevertheless, I desire to be as honest and ethical as possible.

In response to question number 1, Mr. Blevins states that "there is video surveillance in the area" where the cooler is located and a "lock" has now been placed on it. In all sincerity, there was no surveillance where the cooler was located nor was there ever a lock on it from the time Williams Funeral Home & Crematory burned until I was dismissed as an employee.

In response to question number 2, Mr. Blevins answers the allegation as it should be answered in accordance to state law; however, the issue of "unlicensed" personnel being utilized under "licensed" supervision was practiced very loosely by this funeral establishment.

In response to questions number 3 and 4, Mr. Blevins declares that I made a "false allegation" in suggesting that unlicensed personnel were embalming remains without a licensed embalmer present. He further denies that a makeshift "preparation" room does not exist at the facilities located at 109 Blythewood Drive. Yet, I can affirm that there were embalming chemicals, equipment, and instruments utilized in a room that was only to be used for dressing, cosmetizing, and hair preparation. I can also affirm that I observed funeral director/embalmer apprentice Kelsey Powers "surface" embalm a fetus and/or infant—Ka'Mari Malik Lyles—with arterial chemicals and instruments while a licensed embalmer was nowhere to be found. Baby Lyles passed away on August 11, 2012.

For the information of your board, I did not file a complaint as a retaliatory measure. In contrast, I did file the complaint because I believe all funeral professionals should provide services honestly, legally, and ethically. Meanwhile, if you need additional information or further assistance, do not hesitate to contact me.

Regards,

  
Blake Carroll



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**  
DAVY CROCKETT TOWER, 2ND FLOOR  
600 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

Blake A. Carroll  
[REDACTED]

Hohenwald, TN 38462-1028

**RE: FUNERAL COMPLAINT # 201201910  
BLAKE A. CARROLL  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Blake A. Carroll:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on November 13, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

*Lisa Mosby*

Lisa Mosby  
Complaint Coordinator



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

November 15, 2012

Williams Funeral Home & Crematory  
Attn: Alan Blevins, Manager  
PO Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201201910  
BLAKE A. CARROLL  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting on November 13, 2012.

After discussion and review of the complaint and response with legal counsel, it was decided to close the referenced complaint without further action.

Sincerely,

Lisa Mosby  
Complaint Coordinator



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES  
600 JAMES ROBERTSON PARKWAY, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>**

**CERTIFIED MAIL**

September 21, 2012

Williams Funeral Home & Crematory  
Attn: Alan Blevins  
PO Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201202093  
FUNERAL BOARD  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. The enclosed "Notice of Violation" will serve as the basis for the complaint.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

Lisa Mosby  
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 1348



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Williams Funeral Home & Crematory  
Name of establishment or individual

Address: 109 Plymwood Drive  
Street

License # 769

Columbia Tn  
City State

RECEIVED  
38407  
SEP 21 2012

Manager: Alan Blenins

FUNERAL BOARD  
BURIAL SERVICES

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) 0660-11.06 - Statement of Funeral Goods & Services Selected  
examined for decedents Clarence Bickelberger-000-5-28-12,  
Raymond Helston-000-5-26-12, Wilda Linam-000-6-7-12  
all list duplicate charges for "Basic Services of Funeral  
Director & Staff" as this line item is included  
in "Direct Cremation". Statement per Wilda Linam lists

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate.

[Signature]  
Manager, Owner or Representative

\$750.00 charge as "Crematory  
charges" but fails to disclose  
as required the charge  
being marked up. (Cash advance).

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE \_\_\_\_\_

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Brie R. Luna

Date issued: 7-17-12

2. Current outside signage

at this establishment lists  
name style not in agreement  
with current license nor  
change of name applied  
for in application.

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Memorandum

To: Complaint Coordinator

Board of Funeral Directors and Embalmers

From: Bill R Luna, Field Rep *B.R.L.*

Date: 7-19-12

Subject: Inspection of Williams Funeral Home & Crematory, 109 Blythewood Drive, Columbia, TN 38402 on July 17, 2012

After inspection of the above establishment, I issued a citation for the following violations:

- (1) 0660-11-.06----During the examination of random sample of decedent's files, I found copies of Statements of Funeral Goods & Services Selected contained in three files in which this establishment duplicated the charge for "Basic Services of Funeral Director & Staff". In the files of decedent's Clarence Eichelberger-dod-5-29-12, and Raymond Helston-dod-5-26-12, the statements lists charges for line item "Basic Services of Funeral Director and Staff"--\$1490.00 and additionally lists a charge of \$750.00 for "Direct Cremation" (which by FTC requirement already includes Basic Services of Funeral Director & Staff). The statements also lists a charge for a "Memorial Service" which indicates neither case was a "Direct Cremation". On the statement for decedent Wilda Linam-dod-6-7-12, charges are listed for "Basic Services of Funeral Director & Staff-\$1490.00 and under the sub-heading "Cash Advanced", the line item "Crematory charges" lists \$750.00. I could not obtain at inspection the actual amount Affiliated Crematory charged Williams Funeral Home for the crematory fee, but it was conceded by Melicent Clinkenbeard that Affiliated did not charge \$750.00. If the crematory fee had been marked up by Williams, the "Funeral Rule" requires the specific disclosure on the statement under cash advances be completed. The disclosure is not completed on this statement. As with the other two cases above, other charges on this statement indicate this was not a "Direct Cremation", however "Direct Cremation" was charged instead of only charging the crematory fee. All three statements indicated above were completed by Funeral Director Lauren Blevins.

MINIMAL SERVICES

FOUR ITEMS THAT THE RULE REQUIRES YOU TO LIST ARE: (1) FORWARDING OF REMAINS; (2) RECEIVING REMAINS; (3) DIRECT CREMATION; AND (4) IMMEDIATE BURIAL. UNLIKE THE REST OF THE GOODS AND SERVICES THAT YOU MUST LIST ON THE GPL, THE PRICES FOR THESE FOUR ITEMS MUST INCLUDE ANY FEE THAT YOU WILL CHARGE CONSUMERS FOR THE BASIC PROFESSIONAL SERVICES OF THE FUNERAL

DIRECTOR AND STAFF. (Complying with the Funeral Rule---September 2000 publication---page 10)

- (2) Current outside signage at this establishment lists the establishment name as "Williams Funeral Home at Blythewood". This namestyle neither exists in the establishment's current license to operate nor the amended application currently before the Board for change of location and name change.

0660-1-.03

( 2 ) A LICENSEE SHALL NOT PERMIT ANY ADVERTISEMENT, PRICE LIST, BROCHURE, BUSINESS CARD, SIGNAGE, INTERNET WEB SITE, OR OTHER WRITTEN MEDIUM THAT IS LIKELY TO BE VIEWED BY THE PUBLIC, TO REFER TO THE FUNERAL ESTABLISHMENT BY ANY NAME OTHER THAN THE EXACT NAME LISTED ON THE ESTABLISHMENT APPLICATION APPROVED BY THE BOARD.

*Citation Attached  
Change of Location  
Change of Name.*



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 592-1903  
<http://funeral.tn.gov>

7-17-12  
Date

Dir. R. Luna  
Field Representative's Signature

### ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic # 769  
Physical Address: 109 Blythe Road Prime Phone # 931-388-2135  
City, State, Zip Code: Columbia, TN 38402 Fax # 931-381-3014  
Mailing Address (if different from above): P.O. Box 38  
Establishment web site address: williamsfh.com  
Establishment email address: info@williamsfh.com  
Contact Person(s) during inspection: Melissent Clinkensbeard - Paula Lindsey - Alan Blenins  
Funeral Director serving as manager: Alan Blenins FD # 3435 Emb # 3753  
Total Calls previous year: 181 Total Calls current year to date: 90  
Total Cremations previous year: 54 Total Cremations current year to date: 40

#### Licensed Funeral Directors & Embalmers and License Numbers

|   |  |
|---|--|
| <u>Melissent Clinkensbeard - 5611</u>       |  |
| <u>Lauren Ashley Blenins - 6216</u>         |  |
| <u>Harry W. Jones - 3673 - 3882 (Trade)</u> |  |
|   |  |
|   |  |

#### Apprentice Funeral Director & Embalmers and License Numbers

|   |   |
|---|---|
| <u>Paula Lindsey - 4678</u>   | <u>Kelsey Danner - 4652 - 4653</u>            |
| <u>Herald Strahan - 4334</u>  | <u>Kerry Bashers - 4114 - Benjamin Crites</u> |
| Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a) <u>4508 - 4509</u> |   |
| <u>Alan Blenins - 1103</u>  | <u>William S. Herren - 196</u>                |
| <u>Paula B. Lindsey - 118</u>   | <u>Harry Jones - 1360</u>                     |

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)  
License Number: 769 Expiration Date: 3-31-14



I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)

ACCEPTABLE

A. GENERAL PRICE LIST

YES NO

1. Name, address, & telephone number ☒ ☐
2. Effective Date ☒ ☐
3. Consumer's Right of Selection disclosure ☐ ☒ *corrected on site*
4. Basic Service Fee disclosure ☐ ☒ *corrected on site*
5. Embalming disclosure ☐ ☒
6. Casket Price List disclosure ☒ ☐
7. Outer Burial Container Price List disclosure ☒ ☐
8. Alternative Container for Direct Cremation disclosure ☒ ☐

B. Required 16 Itemized Prices on General Price List

1. Basic Services of Funeral Director and Staff ☒ ☐
2. Embalming ☒ ☐
3. Other Preparation of the Body ☒ ☐
4. Transfer of Remains to Funeral Home ☒ ☐
5. Use of Facilities and Staff for funeral ceremony ☒ ☐
6. Use of Facilities and Staff for viewing ☒ ☐
7. Use of Facilities and Staff for memorial service ☒ ☐
8. Use of Equipment and Staff for graveside service ☒ ☐
9. Hearse ☒ ☐
10. Limousine ☒ ☐ *N/A*
11. Forwarding of remains to another funeral home ☒ ☐
12. Receiving of remains from another funeral home ☒ ☐
13. Casket Prices ☒ ☐
14. Outer Burial Container Prices ☒ ☐
15. Immediate Burial ☒ ☐
16. Direct Cremation ☒ ☐

C. Casket Price List

1. Name of funeral establishment ☒ ☐
2. Effective date ☒ ☐
3. Price and description of each casket and alternative container ☒ ☐

D. Outer Burial Container Price List

1. Name of funeral establishment ☒ ☐
2. Effective date ☒ ☐
3. Required disclosure ☒ ☐
4. Price and description of each outer burial container ☒ ☐

E. Statement of Funeral Goods and Services Selected

1. Cost of services, merchandise & description ☒ ☒ *See Citation*
2. Legal requirement disclosure ☒ ☐
3. Embalming disclosure ☒ ☐
4. Cash Advance disclosure ☒ ☐
5. Number of Statement of Funeral Goods and Services Contracts examined: 14

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Affiliated Crematory
2. License number of crematory(s) used: 1017
3. Date of inspection report used: 4-3-12
4. Number of cremation files examined during inspection: 10

A. Cremation Authorization Forms:

YES NO

1. Name, address & phone number of crematory ☒ ☐
2. Correct information on form ☒ ☐
3. Signed by licensed funeral director ☒ ☐
4. Signed by authorizing agent ☒ ☐

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

1. Name of deceased ☐ ☐
2. Date & time of delivery ☐ ☐
3. Type of container ☒ ☐
4. Name of person delivering decedent ☐ ☐
5. Name of person receiving decedent ☐ ☐
6. Name of funeral home or establishment ☐ ☐

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

1. Name of decedent ☐ ☐
2. Date & time of release of cremated remains ☐ ☐
3. Name of person to whom cremated remains released ☒ ☐
4. Name of person releasing cremated remains ☐ ☐
5. Name of Establishment to whom cremated remains released ☐ ☐

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

1. Signage ☐ ☒ see citation
2. Advertisements ☐ ☐
3. Business Cards ☐ ☐
4. Internet web site ☐ ☐
5. Price Lists ☐ ☐
6. Other mediums ☐ ☐

IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair ☒ ☐
2. Sidewalks, entrances, walkways free of debris/obstacles ☒ ☐
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels ☒ ☐

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

YES NO

1. Floor Composition \_\_\_\_\_ ☐ YES ☐ NO
2. Ventilation/Exhaust Fan \_\_\_\_\_ ☐ YES ☐ NO
3. Instrument Disinfection Chemicals Present \_\_\_\_\_ ☐ YES ☐ NO
4. Trash Container Covered Non-Porous Bag \_\_\_\_\_ ☐ YES ☐ NO
5. Soiled Laundry/Linen Container Covered, Non-Porous Bag \_\_\_\_\_ ☐ YES ☐ NO
6. Chemical Storage \_\_\_\_\_ ☐ YES ☐ NO
7. Excess Storage Control \_\_\_\_\_ ☐ YES ☐ NO
8. Paper towels, hand soap \_\_\_\_\_ ☐ YES ☐ NO
9. All Surfaces/Tables/Fixtures/Equipment sanitary \_\_\_\_\_ ☐ YES ☐ NO
10. Secured to prevent unauthorized entry \_\_\_\_\_ ☐ YES ☐ NO
11. No window visibility \_\_\_\_\_ ☐ YES ☐ NO
12. Orderly/Free from clutter \_\_\_\_\_ ☐ YES ☐ NO
13. Used only for preparation of dead human bodies \_\_\_\_\_ ☐ YES ☐ NO

*Dressing &  
Cosmetology  
Only  
NO Embalming  
Room*

If no preparation room at this establishment, state where embalming procedures are performed: Laurence Funeral Home & Cremation Serv  
203 South Horton Ave. Chapel Hill, In.

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

- A. Type of permanent identification device used: Laminated
1. Number of bodies in funeral establishment at time of inspection: 0
  2. Number of bodies checked during inspection: \_\_\_\_\_
  3. Location of bodies checked: \_\_\_\_\_
  4. Family/public present while body checked: \_\_\_\_\_

ACCEPTABLE

YES NO

- A. Name of Decedent \_\_\_\_\_ ☐ YES ☐ NO
- B. Date of Birth of Decedent \_\_\_\_\_ ☐ YES ☐ NO
- C. Date of Death of Decedent \_\_\_\_\_ ☐ YES ☐ NO
- D. Social Security Number of Decedent \_\_\_\_\_ ☐ YES ☐ NO

REMARKS:

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H. URNS \$25.00-\$1995.00  
I. URN VAULTS \$350.00-\$791.00

J. OTHER

A. Casket Air Tray \$ 150.00  
B. Combination tray for Air Shipment \$ 175.00  
C. Corrugated leakproof cremation container \$ 50.00  
D. Transportation to or from Nashville Airport \$ 250.00

K. Memorial Package \$ 149.00-\$ 249.00  
(acknowledgment cards, memorial folders, and attendance booklet)

L. OBITUARIES \$ 25.00

Due to recent charges incurred to funeral homes from our local newspaper concerning obituary information published, we are incurring a minimum cash advance item to cover any and all information a family may request printed in the obit.



WILLIAMS

FUNERAL HOME  
& CREMATORY  
109 Blythewood Drive  
Columbia, TN 38401  
931-388-2135

WILLIAMS FUNERAL HOME, INC.  
819 N. Main Street  
Mt. Pleasant, TN 38474  
931-379-5574

GENERAL PRICE LIST

Effective July 13, 2012

The goods and services shown below are those we can provide to our customers. You may choose only the items you desire. However, any funeral arrangements you select will include a charge for our basic services and overhead. If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

#### BASIC SERVICES OF FUNERAL DIRECTOR & STAFF

**Basic Services of Funeral Director** \$1495.00\*  
**and Staff**  
 Our fee for the services of funeral director and staff includes, but is not limited to: staff to respond to initial request for service; arrangement conference with family or responsible party; arrangement of funeral; preparation and filing of necessary authorizations and permits; recording vital statistics; staff assistance prior to, during and following the funeral, including coordination with those providing other portions of the funeral, e.g. cemetery, crematory and others. Also included in these charges are overhead expenses relative to our facility such as insurance, maintenance and utility expenses, secretarial and administrative costs, and equipment and inventory costs.

This fee for our basic services and overhead will be added to the total cost of the funeral arrangements you select. (This fee is already included in our charges for direct cremations, immediate burials and forwarding or receiving remains.)

#### USE OF FACILITIES & STAFF FOR VIEWING/VISITATION OR EQUIPMENT & STAFF AT OTHER LOCATION

\$388.00\*  
 Our services include set-up of visitation area, placement of encased remains, display of floral arrangements, supervision of and attendance during the visitation. (Charge per day)

#### USE OF FACILITIES & STAFF FOR FUNERAL CEREMONY

\$388.00\*  
 Our services include coordinating the funeral arrangements, supervision of funeral, and staff to attend funeral ceremony.

#### USE OF FACILITIES & STAFF FOR MEMORIAL SERVICE

\$388.00  
 Our services include coordinating the memorial service arrangements, supervision of the memorial service, and staff to attend the service.

#### USE OF EQUIPMENT & STAFF FOR GRAVESIDE SERVICE

\$388.00  
 Our services include accompaniment of remains to cemetery, supervision of graveside service and staff to attend service.

#### USE OF EQUIPMENT & STAFF FOR CHURCH SERVICE

\$388.00  
 Our services include coordinating the funeral arrangements, supervision of funeral, and staff to attend funeral ceremony.

#### Embalming

\$695.00\*  
 Except in certain special cases, embalming is not required by law. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement that does not require you to pay for it, such as direct cremation or immediate burial.

#### C. Other Preparation

Includes cosmetics, dressing & casketing \$155.00\*  
 Special care for autopsy & tissue donor \$150.00

#### TRANSPORTATION (Outside 25 mile radius /\$2.00 per additional mile)

D. Transfer of Deceased to Funeral Home \$195.00\*  
 E. Hearse \$195.00\*  
 F. Floral Transport \$79.00\*

#### TOTAL OF COMPONENTS FOR TRADITIONAL FUNERAL

\$3590.00\*

#### ADDITIONAL PRICE INFORMATION

A. Forwarding of remains to another funeral home \$1390.00

Includes removal of remains (within 25 miles), basic services of funeral director & staff, necessary authorizations, embalming and transportation to Nashville Airport. \*Excludes shipping charges\*

**NOTE:** The casket of your choice may be used for forwarding the deceased to another funeral home. Additional charge of \$150.00 for a Casket Air Tray may be needed when shipping by air.

B. Receiving remains from another funeral home \$1390.00

Includes receipt of remains, temporary shelter, basic services of funeral director & staff, transportation from Nashville Airport and to cemetery or crematory.

#### C. Direct Cremation:

\$700.00 to \$750.00  
 Includes removal of remains (within 50 miles), basic services of funeral director & staff, necessary authorizations and crematory charges. If you want to arrange a direct cremation, you can use an alternative container. Alternative containers encase the body and can be made of materials like fiberboard or composition material (with or without an outside covering) The containers we provide are corrugated leakproof containers.

Direct Cremation with alternative container provided by the purchaser \$700.00

Direct Cremation with leakproof corrugated container provided by funeral home \$750.00

Black Plastic Temporary Urns \$25.00

D. Immediate Burials \$1500.00 to \$2490.00

Our charges for immediate burial include the local removal of the deceased to the funeral home, basic services of the funeral director and staff, securing the necessary permits and authorizations, preparing and filing of death certificates, temporary shelter of deceased and transportation to the cemetery. Does not include opening & closing of grave or cemetery charges.

\*\*Does not include embalming or other preparations of the body\*\*

Immediate burial with Triton non-sealer 20-gauge steel casket provided by seller \$2490.00

Immediate burial with casket provided by purchaser \$1500.00

E. CASKETS: \$ 990.00 TO \$12,075.00

A complete price list will be provided at the funeral home.

F. OTHER BURIAL CONTAINERS \$1,290.00 - \$16,690.00  
 A complete price list will be provided at the funeral home.

G. BURIAL CLOTHING \$150.00 TO \$250.00

A full set of underclothing \$25.00

**Williams Funeral Home and Crematory**

109 Blythwood Drive, Columbia, TN 38401  
(931) 388-2135

**Williams Funeral Home, Inc.**

819 N. Main Street, Mt. Pleasant, TN 37474  
(931) 379-5574

Casket Price List

Effective Date: July 13, 2012

**Bronze and Copper - Non-Rusting**

|             |                |        |          |
|-------------|----------------|--------|----------|
| * 48 OZ BRZ | CLASSIC GOLD   | VELVET | \$12,075 |
| * 48 OZ BRZ | PREMIER BRONZE | VELVET | \$ 9,075 |

**Wood Selections**

|            |                      |        |          |
|------------|----------------------|--------|----------|
| * MAHOGANY | PRESIDENTIAL PREMIER | VELVET | \$12,075 |
| * MAHOGANY | WILLIAMSBURG         | VELVET | \$ 9,075 |
| * MAHOGANY | HARRINGTON           | VELVET | \$ 5,465 |
| * POPLAR   | IMPERIAL             | VELVET | \$ 5,465 |
| * CHERRY   | CARLTON CHERRY       | VELVET | \$ 4,265 |
| * OAK      | HONOR                | VELVET | \$ 4,265 |
| * POPLAR   | WINDMERE             | VELVET | \$ 3,865 |
| * OAK      | OAKWOOD              | CREPE  | \$ 3,865 |
| * PINE     | COUNTRY PINE         | CREPE  | \$ 3,865 |

**Stainless Steel - Rust Resistant**

|               |               |        |          |
|---------------|---------------|--------|----------|
| * PREMIUM SST | THE ROSE      | VELVET | \$ 5,465 |
| * PREMIUM SST | MISTY BLUE    | VEVLET | \$ 5,465 |
| * PREMIUM SST | PATRIOT       | VELVET | \$ 4,265 |
| * BASIC SST   | BLUE SAPPHIRE | VELVET | \$ 4,265 |
| * BASIC SST   | SANDSTONE     | VELVET | \$ 4,265 |
| * BASIC SST   | COLUMBIA      | VELVET | \$ 4,265 |
| * PREMIUM SST | JEFFERSON     | VELVET | \$ 5,465 |
| * PREMIUM SST | PRINCESS      | VELVET | \$ 5,465 |

**Steel Selections**

|         |                 |        |          |
|---------|-----------------|--------|----------|
| * 16GA  | SILVER SAPPHIRE | VELVET | \$ 4,265 |
| * 16 GA | EVERGREEN       | VELVET | \$ 4,265 |
| * 18 GA | MAJESTIC        | VELVET | \$ 3,865 |
| * 18 GA | MONARCH         | CREPE  | \$ 3,865 |
| * 18 GA | EBONY           | CREPE  | \$ 3,865 |
| * 18 GA | VETERAN         | CREPE  | \$ 3,165 |
| * 18 GA | BRITANNIA       | CREPE  | \$ 3,165 |
| * 18 GA | CAMBRIDGE       | CREPE  | \$ 3,165 |
| * 18 GA | WINSTON         | CREPE  | \$ 3,165 |
| * 18 GA | MIDNIGHT GOLD   | CREPE  | \$ 3,165 |
| * 18 GA | MADISON         | CREPE  | \$ 3,165 |
| * 18 GA | SALVATION       | CREPE  | \$ 3,165 |
| * 20 GA | HAMILTON        | CREPE  | \$ 2,490 |
| * 20 GA | ARIES           | CREPE  | \$ 1,865 |
| * 20 GA | GEMINI          | CREPE  | \$ 1,290 |
| * 20 GA | TRITON          | CREPE  | \$ 990   |

**Cremation Caskets**

|                    |                       |       |          |
|--------------------|-----------------------|-------|----------|
| * CREMATION CASKET | THE WASHINGTON CHERRY | CREPE | \$ 1,965 |
|--------------------|-----------------------|-------|----------|

**Cremation Containers**

|                                  |            |             |       |
|----------------------------------|------------|-------------|-------|
| Basic Fiberboard                 | *PINECRESS | CREPE       | \$990 |
| Alternative Corrugated Container |            | No interior | \$ 50 |

**WARRANTIES**

The only warranties, expressed or implied, granted in connection with the goods sold with this funeral service are written warranties, if any, extend by the manufacturers thereof. No other warranties and, specifically, no warranties of merchantability fitness for a particular purpose are extended by the seller.

**Williams Funeral Home & Crematory**  
 109 Blythewood Drive, Columbia, TN 38401  
 (931) 388-2135

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 819 N. Main Street, Mt. Pleasant, TN 37474  
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Casket Price List Effective Date: July 13, 2012

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**Wood Selections**

|            |                      |        |          |
|------------|----------------------|--------|----------|
| * MAHOGANY | PRESIDENTIAL PREMIER | VELVET | \$12,075 |
| * MAHOGANY | WILLIAMSBURG         | VELVET | \$ 9,075 |
| * MAHOGANY | HARRINGTON           | VELVET | \$ 5,465 |
| * POPLAR   | IMPERIAL             | VELVET | \$ 5,465 |
| * CHERRY   | CARLTON CHERRY       | VELVET | \$ 4,265 |
| * OAK      | HONOR                | VELVET | \$ 4,265 |
| * POPLAR   | WINDMERE             | VELVET | \$ 3,865 |
| * OAK      | OAKWOOD              | CREPE  | \$ 3,865 |
| * PINE     | COUNTRY PINE         | CREPE  | \$ 3,865 |

**Stainless Steel - Rust Resistant**

|               |               |        |          |
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| * BASIC SST   | BLUE SAPPHIRE | VELVET | \$ 4,265 |
| * BASIC SST   | SANDSTONE     | VELVET | \$ 4,265 |
| * BASIC SST   | COLUMBIA      | VELVET | \$ 4,265 |
| * PREMIUM SST | JEFFERSON     | VELVET | \$ 5,465 |
| * PREMIUM SST | PRINCESS      | VELVET | \$ 5,465 |

**Steel Selections**

|         |                 |        |          |
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| * 16 GA | EVERGREEN       | VELVET | \$ 4,265 |
| * 18 GA | MAJESTIC        | VELVET | \$ 3,865 |
| * 18 GA | MONARCH         | CREPE  | \$ 3,865 |
| * 18 GA | EBONY           | CREPE  | \$ 3,865 |
| * 18 GA | VETERAN         | CREPE  | \$ 3,165 |
| * 18 GA | BRITANNIA       | CREPE  | \$ 3,165 |
| * 18 GA | CAMBRIDGE       | CREPE  | \$ 3,165 |
| * 18 GA | WINSTON         | CREPE  | \$ 3,165 |
| * 18 GA | MIDNIGHT GOLD   | CREPE  | \$ 3,165 |
| * 18 GA | MADISON         | CREPE  | \$ 3,165 |
| * 18 GA | SALVATION       | CREPE  | \$ 3,165 |
| * 20 GA | HAMILTON        | CREPE  | \$ 2,490 |
| * 20 GA | ARIES           | CREPE  | \$ 1,865 |
| * 20 GA | GEMINI          | CREPE  | \$ 1,290 |
| * 20 GA | TRITON          | CREPE  | \$ 990   |

**Cremation Caskets**

|                    |                       |       |          |
|--------------------|-----------------------|-------|----------|
| * CREMATION CASKET | THE WASHINGTON CHERRY | CREPE | \$ 1,965 |
|--------------------|-----------------------|-------|----------|

**Cremation Containers**

|  |             |       |       |
|--|-------------|-------|-------|
| Basic Fiberboard                             | *PINECREST  | CREPE | \$990 |
| Alternative Container - Corrugated Cardboard | No interior |       | \$ 50 |

**WARRANTIES**

The only warranties, expressed or implied, granted in connection with the goods sold with this funeral service are written warranties. If any, extend by the manufacturers thereof. No other warranties and, specifically, no warranties of merchantability fitness for a particular purpose are extended by the seller.



## *Celebration Chapel Service*

|  |           |
|--|-----------|
| Direct Cremation.....  | \$ 750.00 |
| <i>includes removal of remains within 50 miles, basic service of funeral director &amp; staff, cremation container, necessary authorizations and crematory charges</i> |           |
| State Cremation Permit.....  | 25.00     |
| Chapel Service (with 2 hr. visitation on the same day).....  | 388.00    |
| Minimum Selected Urn.....  | 425.00    |
| Memorial Register Package.....   | 179.00    |
| Sales Taxes.....   | 55.87     |

**Total Package Price.....\$ 1,822.87**

**\*\*No Deletion To Package\*\***



# WILLIAMS FUNERAL HOME AT BLYTHEWOOD

109 Blythewood Drive  
Columbia, Tennessee 38401  
931-388-2135



# WILLIAMS FUNERAL HOME, INC.

819 North Main Street  
Mt. Pleasant, Tennessee 38474  
931-379-5574

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Claudia E. Edinger  
Funeral Services For \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Funeral Service \_\_\_\_\_

**A. CHARGE FOR SERVICES SELECTED:**

- 1. Basic services of
  - Funeral Director/Staff ..... \$ 1490.00
  - Embalming..... \$ \_\_\_\_\_
  - Other Preparation of body ..... \$ \_\_\_\_\_
  - (cosmetics & dressing, etc.)
- 2. Facilities and staff for viewing or equipment and staff at other location per night..... \$ \_\_\_\_\_
- Facilities and staff for funeral ceremony or equipment and staff at other location..... \$ \_\_\_\_\_
- Facilities and staff for
  - Memorial service..... \$ 350.00
  - Equipment and staff for Graveside Funeral Service ..... \$ \_\_\_\_\_
- 3. Automotive Equipment
  - Transfer of remains to funeral home (Local area) ..... \$ \_\_\_\_\_
  - Hearse..... \$ \_\_\_\_\_
  - Use of flower truck & equipment..... \$ \_\_\_\_\_
- 4. \_\_\_\_\_ Package Service..... \$ \_\_\_\_\_
- (Includes items checked above)

**TOTAL SERVICES SELECTED** ..... \$ 1878.00

**B. CHARGE FOR MERCHANDISE SELECTED:**

- Casket or other receptacle Burial Case ..... \$ 50.00
- Outer burial container ..... \$ \_\_\_\_\_
- Acknowledgment cards ..... \$ \_\_\_\_\_
- Register book(s) & Food book(s) Funeral ..... \$ 99.00
- Memory folders/prayer cards
  - \_\_\_\_\_ at \_\_\_\_\_ per hundred ..... \$ \_\_\_\_\_
- Clothing..... \$ \_\_\_\_\_
- Underclothing..... \$ \_\_\_\_\_
- Other merchandise..... \$ \_\_\_\_\_

**TOTAL MERCHANDISE SELECTED**..... \$ 50.00

**C. SPECIAL CHARGES:**

- Forwarding of remains to
  - funeral home/mortuary ..... \$ \_\_\_\_\_
  - Receiving of remains from
    - funeral home/mortuary ..... \$ \_\_\_\_\_
    - Immediate burial ..... \$ \_\_\_\_\_
    - Direct cremation ..... \$ 750.00

**TOTAL OF SPECIAL CHARGES**..... \$ 750.00

**D. CASH ADVANCED:**

- Cemetery charges..... \$ \_\_\_\_\_
- Crematory charges..... Permit ..... \$ 25.00
- Casket bearers ..... \$ \_\_\_\_\_
- Transportation (describe)..... \$ \_\_\_\_\_
- Clergy honorarium..... \$ \_\_\_\_\_
- Musicians honorarium ..... \$ \_\_\_\_\_
- Flowers..... \$ \_\_\_\_\_
- Paid death notices..... \$ \_\_\_\_\_
- Certified copies of death certificates
  - 2 at \$ 7 each..... \$ 14.00
- Hairdresser or barber..... \$ \_\_\_\_\_
- Telephone and Telegraph..... \$ \_\_\_\_\_
- State Taxes..... \$ 3.50
- County Taxes..... \$ 1.125
- We charge you for our services in obtaining ..... \$ \_\_\_\_\_

**TOTAL CASH ADVANCED**..... \$ 43.63

**SUMMARY OF CHARGES:**

- A. Services..... \$ 1878.00
- B. Merchandise..... \$ 50.00
- C. Special Charges..... \$ 750.00
- D. Cash Advances..... \$ 43.63
- Total of all selections ..... \$ 2721.63
- Paid at time of or prior to Arrangements ..... \$ 200.00
- Balance Due**..... \$ 2521.63

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment X Legal rate of interest shall be due 30 days after \_\_\_\_\_.

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser X  
Address \_\_\_\_\_  
Purchaser \_\_\_\_\_  
Address \_\_\_\_\_

The **WILLIAMS FUNERAL HOME, INC.**  
(Name of Funeral Home)  
agrees to provide the services and merchandise described above in consideration of the payment of the above stated amount.  
Date \_\_\_\_\_ Time \_\_\_\_\_  
(Signature of funeral service licensee representing the funeral home)



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS  
PERMIT FOR CREMATION OF HUMAN REMAINS

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

|  |  |               |               |
|--|--|---------------|---------------|
| Name of Decedent                                       | Sex  | Date of Birth | Date of Death |
| Clarence Eichelberger                                  | M  | 12/01/1955    | 03/29/2012    |
| Place of Death - City or Town, County                  | Name of Informant  |               |               |
| Columbia, TN   | Michelle Eichelberger  |               |               |
| Name of Funeral Director (or Person Acting as Such)    | Name of Physician Who will Certify Death   |               |               |
| Lauran A. Stevens                                      |  |               |               |
| Address of Funeral Director (or Person Acting as such) |  |               |               |
| 2517 Trotwood Ave, Columbia                            |  |               |               |
| APPLICATION FOR PERMIT                                 | I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred. |               |               |
|  | Signature  |               | Date          |
|  | 0517 Trotwood Ave, Columbia TN   |               | 06/07/2012    |
| PLACE OF CREMATION                                     | Name and address of Crematory where remains are to be cremated   |               |               |
|  | Address  |               |               |
| AUTHORIZATION OF MEDICAL EXAMINER                      | I consent to the issuance of the Permit for Cremation  |               |               |
|  | Signature of Medical Examiner  |               | Date          |
|  | OK by Dr. Ferrell per phone  |               | 6-7-12        |
| PERMIT OF LOCAL OR DEPUTY REGISTRAR                    | This permit for the cremation of the remains of the above named decedent is granted.   |               |               |
|  | Signature of Local or Deputy Registrar   |               | Date          |
|  | Mickie Jaynes LR   |               | 6-7-12        |
| CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION     | I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on   |               |               |
|  | Date at Place  |               |               |
|  | Signature  |               |               |
| Address  |  |               |               |

WILLIAMS FUNERAL HOME AT BLYTHEWOOD  
109 Blythewood Drive  
Columbia, Tennessee 38401  
931-388-2135



WILLIAMS FUNERAL HOME, INC.  
819 North Main Street  
Mt. Pleasant, Tennessee 38474  
931-379-5574

### STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Chenese E. Edinger \_\_\_\_\_  
Funeral Services For \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Funeral Service \_\_\_\_\_

#### A. CHARGE FOR SERVICES SELECTED:

1. Basic services of Funeral Director/Staff ..... \$ 1490.00  
Embalming..... \$ \_\_\_\_\_  
Other Preparation of body ..... \$ \_\_\_\_\_  
(cosmetics & dressing, etc.)
2. Facilities and staff for viewing or equipment and staff at other location per night..... \$ \_\_\_\_\_  
Facilities and staff for funeral ceremony or equipment and staff at other location..... \$ \_\_\_\_\_  
Facilities and staff for Memorial service..... \$ 895.00  
Equipment and staff for Graveside Funeral Service ..... \$ \_\_\_\_\_
3. Automotive Equipment  
Transfer of remains to funeral home (Local area) ..... \$ \_\_\_\_\_  
Hearse..... \$ \_\_\_\_\_  
Use of flower truck & equipment..... \$ \_\_\_\_\_
4. \_\_\_\_\_ Package Service..... \$ \_\_\_\_\_  
(Includes items checked above)

TOTAL SERVICES SELECTED ..... \$ 1675.00

#### B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Basic Gray Oak ..... \$ 50.00  
Outer burial container ..... \$ \_\_\_\_\_  
Acknowledgment cards ..... \$ \_\_\_\_\_  
Register book(s) & Food book(s) 2 ..... \$ 22.00  
Memory folders/prayer cards ..... \$ \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ per hundred ..... \$ \_\_\_\_\_  
Clothing..... \$ \_\_\_\_\_  
Underclothing..... \$ \_\_\_\_\_  
Other merchandise..... \$ \_\_\_\_\_

TOTAL MERCHANDISE SELECTED..... \$ 50.00

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).  
N/A

Terms of payment X \_\_\_\_\_ Legal rate of interest shall be due 30 days after \_\_\_\_\_

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser

Address

Purchaser

The

WILLIAMS FUNERAL HOME, INC.

(Name of Funeral Home)

agrees to provide the services and merchandise described above in consideration of the payment of the above stated amount.

Date

Time

# AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Christopher E. Schneider (hereinafter referred to as the "Decedent").

I/We hereby request and authorize William Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Decedent at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37218, 615-282-3312.

I/We authorize the Crematory to return the cremated remains of the Decedent to the possession and custody of the Funeral Home, I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Decedent are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Decedent as follows:

In special handling required? ☐ Yes ☐ No Describe: \_\_\_\_\_

Description of urn or container selected \_\_\_\_\_ Suitable for shipping: ☐ Yes ☐ No  
☐ Deliver to \_\_\_\_\_ Cemetery

☐ Release to family \_\_\_\_\_

☐ Scattering at sea by Funeral Home or Funeral Home's agent \_\_\_\_\_

☐ Ship via \_\_\_\_\_

To: Name \_\_\_\_\_ Address \_\_\_\_\_

☒ Other: williams will pick up

The cremation, processing and disposition of the remains of the Decedent authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

1. The remains of the Decedent will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of needles, anamniotic and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Decedent are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Decedent to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Decedent (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Decedent contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Decedent prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEDENT DO ☐ DO NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Decedent prior to cremation, and dispose of as indicated.

Description of Implants or Devices \_\_\_\_\_

Description of Implants or Devices \_\_\_\_\_

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Decedent will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and inspect the remains of the Decedent in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridges, dental fillings, jewelry, and other personal articles accompanying the remains of the Decedent, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Decedent, are recovered from the cremation chamber, they may be separated from the cremated remains of the Decedent and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, rings, bracelets, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Decedent, consisting primarily of bone fragments, will be mechanically pulverized to an undetectable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Decedent in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Decedent, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Decedent, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/We give specific written instructions in this Authorization on the cremation, processing and disposition of the remains of the Decedent, it will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Decedent remain unclaimed for a period of 90 days, the Funeral Home shall give written notice to next of kin by certified mail of the address(es) indicated below. I/We agree that in the event the cremated remains of the Decedent remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Decedent in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Decedent, as authorized herein, or my/our failure to correctly identify the remains of the Decedent, disclose the presence of any implanted mechanical or radioactive device, or take possession of, or make arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

## SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

Signature: Christopher E. Schneider Christopher E. Schneider Christopher E. Schneider  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Licensed Funeral Director: William Funeral Home William Funeral Home William Funeral Home  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Williams Funeral Home Williams Funeral Home Williams Funeral Home  
 Name and Address of Funeral Home: \_\_\_\_\_

\_\_\_\_\_

# AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Clarence B. Rentle (hereinafter referred to as the "Deceased").

I/We hereby request and authorize Cremation Society of TN (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37218, 615-262-3312.

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping: ☐ Yes ☒ No

☒ Deliver to \_\_\_\_\_ Name and Address of Crematory \_\_\_\_\_

☐ Release to family \_\_\_\_\_ Name of Designated Family Member to Receive Cremated Remains \_\_\_\_\_

☐ Scattering at sea by Funeral Home or Funeral Home's agent \_\_\_\_\_

☐ Ship via \_\_\_\_\_ Address \_\_\_\_\_

☒ Other Will take with me \_\_\_\_\_

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

- The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/We authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
- Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/We hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ OR ☒ NOT CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

| Description of Implanted Device | Disposition |
|---------------------------------|-------------|
|                                 |             |
|                                 |             |

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

- The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
- Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
- I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
- Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
- Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
- In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
- I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
- Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
- In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
- I/We agree to indemnify, defend and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or costs of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
- Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
- I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

## SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature: Clarence B. Rentle Clarence B. Rentle Relationship to Deceased: SON

Address: 120 Mason Ct Apt D HSR AL 35805 Tel. No. ( ) \_\_\_\_\_

Signature: Clarence B. Rentle Clarence B. Rentle Relationship to Deceased: SON

Address: 120 Mason Ct Apt D HSR AL 35805 Tel. No. ( ) \_\_\_\_\_

Licensed Funeral Director: Lauren A. Blewins Date: \_\_\_\_\_

Name and Address of Funeral Home: Williams Funeral Home 169 Blytheview Dr OK OK OK

C2012-5914



TENNESSEE DEPARTMENT OF HEALTH  
 OFFICE OF VITAL RECORDS  
 PERMIT FOR CREMATION OF HUMAN REMAINS

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

|  |  |               |               |
|--|--|---------------|---------------|
| Name of Decedent                                       | Sex  | Date of Birth | Date of Death |
| Clarence Eichelberger                                  | M  | 12/01/1955    | 07/29/2012    |
| Place of Death - City or Town, County                  | Name of Informant  |               |               |
| Columbia, TN   | Michelle Eichelberger  |               |               |
| Name of Funeral Director (or Person Acting as Such)    | Name of Physician Who will Certify Death   |               |               |
| Lauren A. Blevins                                      |  |               |               |
| Address of Funeral Director (or Person Acting as such) |  |               |               |
| 2517 Trotwood Ave, Columbia                            |  |               |               |
| APPLICATION FOR PERMIT                                 | I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred. |               |               |
|  | Signature: <u>[Signature]</u> Date: <u>06/07/2012</u><br>Address: <u>2517 Trotwood Ave, Columbia TN</u>  |               |               |
|  |  |               |               |
| PLACE OF CREMATION                                     | Name and address of Crematory where remains are to be cremated   |               |               |
|  | <u>Appalachian Crematory</u><br><u>2207 Gallatin Road, Nashville TN 37216</u><br>Address:  |               |               |
| AUTHORIZATION OF MEDICAL EXAMINER                      | I consent to the issuance of the Permit for Cremation  |               |               |
|  | <u>OK by Dr. Fennell per phone</u> Date: <u>6-7-12</u><br>Signature of Medical Examiner:   |               |               |
|  | Address: <u>Maury Co. Health Dept</u><br><u>1909 Hampshire Pike</u><br><u>Columbia, TN 38401</u>   |               |               |
| PERMIT OF LOCAL OR DEPUTY REGISTRAR                    | This permit for the cremation of the remains of the above named decedent is granted.   |               |               |
|  | <u>Michelle Gypers LR</u> Date: <u>6-7-12</u><br>Signature of Local or Deputy Registrar:   |               |               |
|  | Address: <u>Maury Co. Health Dept</u><br><u>1909 Hampshire Pike</u><br><u>Columbia, TN 38401</u>   |               |               |
| CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION     | I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on   |               |               |
|  | Date: <u>JUNE 8, 2012</u> at <u>AFFILIATED CREMATORY</u><br><u>GALE ROBINSON</u><br>Signature: <u>[Signature]</u> Place:   |               |               |
|  | Address: <u>2707 GALLATIN RD. NASHVILLE, TN. 37216</u>   |               |               |
|  |  |               |               |

**WILLIAMS FUNERAL HOME AT BLYTHEWOOD**  
109 Blythewood Drive  
Columbia, Tennessee 38401  
931-388-2135



**WILLIAMS FUNERAL HOME, INC.**  
819 North Main Street  
Mt. Pleasant, Tennessee 38474  
931-379-5574

### STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Raymond Helston  
Funeral Services For

05/26/2012  
Date of Death

04/02/2012  
Date of Funeral Service

#### A. CHARGE FOR SERVICES SELECTED:

1. Basic services of  
Funeral Director/Staff ..... \$ 1490.00  
Embalming ..... \$  
Other Preparation of body ..... \$  
(cosmetics & dressing, etc.)
  2. Facilities and staff for viewing or equipment  
and staff at other location per night ..... \$  
Facilities and staff for funeral ceremony or  
equipment and staff at other location ..... \$  
Facilities and staff for  
Memorial service ..... \$ 388.00  
Equipment and staff for  
Graveside Funeral Service ..... \$
  3. Automotive Equipment  
Transfer of remains to funeral  
home (Local area) ..... \$  
Hearse ..... \$  
Use of flower truck & equipment ..... \$
  4. Package Service ..... \$  
(includes items checked above)
- TOTAL SERVICES SELECTED ..... \$ 1878.00

#### B. CHARGE FOR MERCHANDISE SELECTED:

- Casket or other receptacle Hardwood ..... \$ 425.00  
Outer burial container ..... \$  
Acknowledgment cards ..... \$  
Register book(s) & Food book(s) ..... \$ 179.00  
Memory folders/prayer cards  
at \_\_\_\_\_ per hundred ..... \$  
Clothing ..... \$  
Underclothing ..... \$  
Other merchandise ..... \$
- TOTAL MERCHANDISE SELECTED ..... \$ 604.00

#### C. SPECIAL CHARGES:

- Forwarding of remains to ..... \$  
funeral home/mortuary  
Receiving of remains from ..... \$  
funeral home/mortuary  
Immediate burial ..... \$ 780.00  
Direct cremation ..... \$ 720.00
- TOTAL OF SPECIAL CHARGES ..... \$ 720.00

#### D. CASH ADVANCED:

- Cemetery charges ..... \$  
Crematory charges permit ..... \$ 26.00  
Casket bearers ..... \$  
Transportation (describe) ..... \$  
Clergy honorarium ..... \$  
Musicians honorarium ..... \$  
Flowers ..... \$  
Paid death notices ..... \$  
Certified copies of death certificates  
\$ at \$ 7 each ..... \$ 56.00  
Hairdresser or barber ..... \$  
Telephone and Telegraph ..... \$ 72.28  
State Taxes ..... \$ 13.51  
County Taxes ..... \$  
We charge you for our services in obtaining ..... \$

TOTAL CASH ADVANCED ..... \$ 136.87

#### SUMMARY OF CHARGES:

- A. Services ..... \$ 1878.00  
B. Merchandise ..... \$ 604.00  
C. Special Charges ..... \$ 720.00  
D. Cash Advances ..... \$ 136.87  
Total of all selections ..... \$  
Paid at time of or prior to Arrangements ..... \$  
Balance Due ..... \$ 3368.87

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).  
N/A

Terms of payment Insurance. Legal rate of interest shall be due 30 days after \_\_\_\_\_.  
(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser Greg Helston  
Address 1813 Caspian Dr. Columbia TN 38457  
Purchaser \_\_\_\_\_  
Address \_\_\_\_\_

The WILLIAMS FUNERAL HOME, INC.  
(Name of Funeral Home)  
agrees to provide the services and merchandise described above  
in consideration of the payment of the above stated amount.  
Date 05/27/2012 Time 1 PM  
Shirley Be  
(Signature of funeral service licensee representing the funeral home)



TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS  
PERMIT FOR CREMATION OF HUMAN REMAINS

**Instructions**

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

|  |  |  |                                      |                                      |
|--|--|--|--------------------------------------|--------------------------------------|
| Name of Decedent<br><b>RAYMOND Herbert Helston</b>   |  | Sex<br><b>Male</b>                       | Date of Birth<br><b>June 7, 1930</b> | Date of Death<br><b>May 26, 2012</b> |
| Place of Death - City or Town, County<br><b>COLUMBIA, TN</b>   |  | Name of Informant<br><b>Beth Helston</b> |                                      |                                      |
| Name of Funeral Director (or Person Acting as Such)<br><b>Lauren A. Blewing</b>                          |  | Name of Physician Who will Certify Death |                                      |                                      |
| Address of Funeral Director (or Person Acting as such)<br><b>109 Blythewood Drive Columbia, TN 38401</b> |  |  |                                      |                                      |
| APPLICATION<br>FOR PERMIT  | I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred. |  |                                      |                                      |
|  | Signature<br><b>[Signature]</b>  |  |                                      | Date                                 |
|  | Address<br><b>109 Blythewood Drive</b>   |  |                                      |                                      |
| PLACE OF<br>CREMATION  | Name and address of Crematory where remains are to be cremated<br><b>Affiliated Crematory</b>  |  |                                      |                                      |
|  | Address<br><b>2707 Gallatin Road, Nashville, TN 37214</b>  |  |                                      |                                      |
| AUTHORIZATION<br>OF MEDICAL<br>EXAMINER  | I consent to the issuance of the Permit for Cremation  |  |                                      |                                      |
|  | Signature of Medical Examiner<br><b>OK by Dr. Olson per phone</b>  |  |                                      | Date<br><b>5-29-12</b>               |
|  | Address  |  |                                      |                                      |
| PERMIT OF<br>LOCAL OR<br>DEPUTY<br>REGISTRAR   | This permit for the cremation of the remains of the above named decedent is granted.   |  |                                      |                                      |
|  | Signature of Local or Deputy Registrar<br><b>[Signature]</b>   |  |                                      | Date<br><b>5-29-12</b>               |
|  | Address<br><b>Maury Co. Health Dept.<br/>1909 Hampshire Pike<br/>Columbia, TN 38401</b>  |  |                                      |                                      |
| CERTIFICATION<br>OF PERSON IN<br>CHARGE OF THE<br>CREMATION  | I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on _____ at _____  |  |                                      |                                      |
|  | Date   |  | Place                                |                                      |
|  | Signature  |  |                                      |                                      |
|  | Address  |  |                                      |                                      |



## AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of B. H. Helton (hereinafter referred to as the "Deceased").

I/We hereby request and authorize Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37216, 615-262-3312.

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe \_\_\_\_\_

Description of urn or container selected: \_\_\_\_\_ Suitable for shipping: ☐ Yes ☐ No

☒ Deliver to \_\_\_\_\_ Cemetery

☐ Release to family \_\_\_\_\_

☐ Scattering at sea by Funeral Home or Funeral Home's agent \_\_\_\_\_

☐ Ship via \_\_\_\_\_

To: Name \_\_\_\_\_ Address \_\_\_\_\_

☐ Other \_\_\_\_\_

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/We further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☒ NOT ☐ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

|                                 |             |
|---------------------------------|-------------|
| Description of Implanted Device | Disposition |
|---------------------------------|-------------|

|                                 |             |
|---------------------------------|-------------|
| Description of Implanted Device | Disposition |
|---------------------------------|-------------|

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/We authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/We further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/We hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/We understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/We hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/We agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/We understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

### SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature B. H. Helton Print Name B. H. Helton Relationship to Deceased \_\_\_\_\_

Address 1813 Cassian Dr Collierville TN 38451 Tel. No. (901) 902-9559

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

Licensed Funeral Director [Signature] Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date 5/1/00

**WILLIAMS FUNERAL HOME AT BLYTHEWOOD**

109 Blythewood Drive  
Columbia, Tennessee 38401  
931-388-2135



**WILLIAMS FUNERAL HOME, INC.**

819 North Main Street  
Mt. Pleasant, Tennessee 38474  
931-379-5574

**STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED**

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. (1)

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below. (2)

Wilda Linam  
Funeral Services For

06/07/2012  
Date of Death

\_\_\_\_\_  
Date of Funeral Service

**A. CHARGE FOR SERVICES SELECTED:**

1. Basic services of  
Funeral Director/Staff ..... \$ 1400.00  
Embalming..... \$ \_\_\_\_\_  
Other Preparation of body ..... \$ \_\_\_\_\_  
(cosmetics & dressing, etc.)
  2. Facilities and staff for viewing or equipment  
and staff at other location per night..... \$ \_\_\_\_\_  
Facilities and staff for funeral ceremony or  
equipment and staff at other location..... \$ 388.00  
Facilities and staff for  
Memorial service..... \$ 388.00  
Equipment and staff for  
Graveside Funeral Service ..... \$ \_\_\_\_\_
  3. Automotive Equipment  
Transfer of remains to funeral  
home (Local area) ..... \$ 195.00  
Hearse..... \$ 195.00  
Use of flower truck & equipment..... \$ 79.00
  4. \_\_\_\_\_ Package Service..... \$ \_\_\_\_\_  
(Includes items checked above)
- TOTAL SERVICES SELECTED** ..... \$ 2735.00

**B. CHARGE FOR MERCHANDISE SELECTED:**

- Casket or other receptacle Archonite ..... \$ 425.00  
Outer burial container Universal Vault ..... \$ 350.00  
Acknowledgment cards ..... \$ \_\_\_\_\_  
Register book(s) & Food book(s)..... \$ 179.00  
Memory folders/prayer cards  
at \_\_\_\_\_ per hundred ..... \$ \_\_\_\_\_  
Clothing..... \$ \_\_\_\_\_  
Underclothing..... \$ \_\_\_\_\_  
Other merchandise..... \$ \_\_\_\_\_
- TOTAL MERCHANDISE SELECTED**..... \$ 654.00

**C. SPECIAL CHARGES:**

- Forwarding of remains to  
funeral home/mortuary ..... \$ \_\_\_\_\_  
Receiving of remains from  
funeral home/mortuary ..... \$ \_\_\_\_\_  
Immediate burial ..... \$ \_\_\_\_\_  
Direct cremation ..... \$ \_\_\_\_\_
- TOTAL OF SPECIAL CHARGES**..... \$ \_\_\_\_\_

**D. CASH ADVANCED:**

- Don O & C  
Cemetery charges..... \$ 350.00  
Crematory charges..... \$ 750.00  
Casket bearers ..... \$ \_\_\_\_\_  
Transportation (describe) ..... \$ \_\_\_\_\_  
Clergy honorarium..... \$ \_\_\_\_\_  
Musicians honorarium ..... \$ \_\_\_\_\_  
Flowers..... \$ \_\_\_\_\_  
Paid death notices..... \$ \_\_\_\_\_  
Certified copies of death certificates  
at \$ \_\_\_\_\_ each..... \$ \_\_\_\_\_  
Hairdresser or barber..... \$ \_\_\_\_\_  
Telephone and Telegraph..... \$ \_\_\_\_\_  
State Taxes..... \$ 166.78  
County Taxes..... \$ 21.24  
We charge you for our services in obtaining  
..... \$ \_\_\_\_\_

**TOTAL CASH ADVANCED**..... \$ 1188.04

**SUMMARY OF CHARGES:**

- A. Services..... \$ 2735.00  
B. Merchandise..... \$ 654.00  
C. Special Charges..... \$ \_\_\_\_\_  
D. Cash Advances..... \$ 1188.04  
Total of all selections ..... \$ \_\_\_\_\_  
Paid at time of or prior to Arrangements ..... \$ \_\_\_\_\_  
**Balance Due**..... \$ 4877.04

Reason for embalming (2) N/A

If any law, cemetery, or crematory requirements have required the purchase of any of the items listed above, the law of requirement is explained below (1).

Terms of payment Pre-paid Legal rate of interest shall be due 30 days after \_\_\_\_\_.

(3) I/we, the undersigned, acknowledge that the foregoing statement has been read to me/us and I/we hereby acknowledge receipt of completed copy. I/we assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of payment described above. The liability hereby assumed is in addition to the liability imposed by law upon the estate and others shall not constitute a release thereof. If suit is brought for fees, I/we agree to pay all reasonable attorneys fees and cost.

Purchaser Gayne Whitwell  
Address \_\_\_\_\_  
Purchaser \_\_\_\_\_  
Address \_\_\_\_\_

The WILLIAMS FUNERAL HOME, INC.  
(Name of Funeral Home)  
agrees to provide the services and merchandise described above  
in consideration of the payment of the above stated amount.  
Date 06/07/2012 Time \_\_\_\_\_  
(Signature of funeral service licensee representing the funeral home)

# AUTHORIZATION FOR CREMATION AND DISPOSITION

**NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

I/We, the undersigned, certify, warrant and represent that I/we have the full legal right and authority to authorize the cremation, processing and disposition of the remains of Willa Lumpkins Linam (hereinafter referred to as the "Deceased").

I/We hereby request and authorize Williams Funeral Home (hereinafter referred to as the "Funeral Home") to take possession of and make arrangements for the cremation of the remains of the Deceased at Affiliated Crematory (hereinafter referred to as the "Crematory"), 2707 Gallatin Road, Nashville, Tennessee 37216, 615-262-3312.

I/We authorize the Crematory to return the cremated remains of the Deceased to the possession and custody of the Funeral Home. I/We understand that the services and obligations of the Crematory shall be fulfilled when the cremated remains of the Deceased are returned to the possession and custody of the Funeral Home. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains of the Deceased as follows:

Is special handling required? ☐ Yes ☒ No Describe \_\_\_\_\_

Description of urn or container selected: basic temporary urn Suitable for shipping: ☐ Yes ☐ No  
☐ Deliver to \_\_\_\_\_ Cemetery

☐ Release to family \_\_\_\_\_  
Name and Address of Cemetery

☐ Scattering at sea by Funeral Home or Funeral Home's agent  
Name of Designated Family Member to Receive Cremated Remains

☐ Ship via \_\_\_\_\_

To: Name \_\_\_\_\_ Address \_\_\_\_\_

☒ Other will pick up by CSTN/Williams FH

The cremation, processing and disposition of the remains of the Deceased authorized herein shall be performed in accordance with all governing laws, the rules, regulations and policies of the Crematory and for the Funeral Home, and the following terms and conditions:

1. The remains of the Deceased will not be accepted for cremation unless received by the Crematory in a combustible, leak resistant, rigid cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. In the event the remains of the Deceased are received by the Crematory in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, I/we authorize the remains of the Deceased to be removed prior to cremation and placed in a combustible cremation container. I/we further authorize the Funeral Home or Crematory to make disposition of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the remains of the Deceased (such as pacemakers, etc.) may create a hazard when placed in the cremation chamber. The Crematory will not cremate any human remains which contain any type of implanted mechanical or radioactive device. In the event the remains of the Deceased contain such a device, I/we hereby authorize the Funeral Home, its agents and employees, to remove any such mechanical devices from the remains of the Deceased prior to cremation, and dispose of such items at its discretion.

I/WE HEREBY CERTIFY THAT THE REMAINS OF THE DECEASED DO ☐ NOT ☒ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

Listed below are all implanted mechanical and radioactive devices which the Funeral Home is authorized to remove from the remains of the Deceased prior to cremation, and dispose of as indicated:

| Description of Implanted Device | Disposition |
|---------------------------------|-------------|
|                                 |             |
|                                 |             |

If no instruction for disposition is given, such items may be disposed of at the discretion of the Funeral Home.

3. The cremation container containing the remains of the Deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I/we authorize the Crematory to open the cremation chamber during the cremation process and reposition the remains of the Deceased in order to facilitate a complete and thorough cremation.
4. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework, dental fillings, jewelry, and other personal articles accompanying the remains of the Deceased, may be destroyed during the cremation process. I/we further authorize that if any items, other than the cremated remains of the Deceased, are recovered from the cremation chamber, they may be separated from the cremated remains of the Deceased and disposed of by the Crematory.
5. I/we hereby authorize the Crematory to separate and remove from the cremation chamber all noncombustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.
6. Following cremation, the cremated remains of the Deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
7. Unless an urn or container suitable for shipment is purchased, the Crematory will place the cremated remains of the Deceased in a container which is not designed for any type of shipment.
8. In the event the urn or container is insufficient to accommodate all of the cremated remains of the Deceased, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
9. I/we understand and acknowledge, that even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains of the Deceased, and that some particles may inadvertently become commingled with particles of other cremated remains remaining in the cremation chamber and/or other devices utilized to process the cremated remains. I/we hereby authorize the Crematory to dispose of any such residual particles in any lawful manner it deems appropriate.
10. Unless I/we give specific written instructions in this Authorization, the cremation, processing and disposition of the remains of the Deceased will not be performed in accordance with any particular religious or ethnic customs.
11. In the event the cremated remains of the Deceased remain unclaimed for a period of 30 days, the Funeral Home shall give written notice to me/us by certified mail at the address(es) indicated below. I/we agree that in the event the cremated remains of the Deceased remain unclaimed for a period of 180 calendar days after the date such written notification is mailed, the Funeral Home is authorized and directed to dispose of the unclaimed cremated remains of the Deceased in any lawful manner it may deem appropriate.
12. I/we agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorney's fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains of the Deceased, as authorized herein, or my/our failure to correctly identify the remains of the Deceased, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
13. Except as set forth in this Authorization, no warranties, expressed or implied, are made by the Funeral Home, Crematory or any of their respective affiliates, agents or employees.
14. I/we understand that this document does not contain a complete and detailed description of every aspect of the cremation process.

## SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained in this document.

Signature X James Simon Williams Relationship to Deceased Daughter  
Address 227 W Fork Road Mt. Pleasant TN 38474 Tel. No. ( ) \_\_\_\_\_

Signature Ann Saffee Relationship to Deceased Daughter  
Address 1300 Broadway At Dr. Jackson's Office Nashville TN 37203 Tel. No. (901) 226-4383

Licensed Funeral Director Lauren Blevins Date 06/11/2002

Name and Address of Funeral Home Williams Funeral Home 109 Blythewood Dr. Columbia TN 38401

WHITE: Crematory Copy

YELLOW: Funeral Home Copy

PINK: Family Copy



FUNERAL HOMES & CREMATORY

109 Blythewood Drive  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137

www.williamsfh.com

819 N. Main Street  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

October 10, 2012

State of Tennessee  
Department of Commerce and Insurance  
Funeral Board and Burial Services  
500 James Robertson Parkway, Second Floor  
Nashville, TN 37243-1144

Lisa Mosby, Complaint Coordinator

Dear Ms. Mosby,

Regarding the citations issued by Mr. Bill Luna upon his inspection of Williams Funeral Home & Crematory, 109 Blythewood Drive, Columbia, TN 38401, we would like to provide the following responses:

1. 0660-11-.06 – Regarding the charges of Clarence Eichelberger-dod-5-29-12 and Raymond Helston-dod-5-26-12; both these families originally requested "direct cremation". That being the case, the contract originally listed direct cremation under the special charges category listing in the amount of \$750, as per our General Price List dated July 13, 2012. After the original arrangement conference preceded both families decided to add services and merchandise to their original selections. This being the case, the director, Ms. Lauren Blevins, added the services and merchandise that the family had selected to the contract on which she had begun. With regards to Ms. Wilda Linam-dod-6-7-12 the same thing happened however, Ms. Blevins inadvertently placed the Direct Cremation Price on the Cash Advance line item called "Crematory charges". In this case, also, the family decided to upgrade services and merchandise after initially requesting only direct cremation.  
In all three cases, the director, Ms. Blevins, in an effort to change the services to reflect the families' wishes filled in the contract she had previously started. This was an inadvertent error on her part and our entire staff is now aware of how to handle this situation going forward. We understand that Direct Cremation is minimum service option which the Federal Trade Commission has deemed must include "Basic Services of Funeral Director and Staff" and cannot be charged twice (both as part of Direct Cremation" and as a separate line item on "Charge for Services Selected" section of the contract.
2. 0660-11-.03 – Regarding our outdoor signage which lists the establishments name as "Williams Funeral Home at Blythewood". In the aftermath of the fire which occurred at our previous location at 2517 Trotwood Avenue, we, in haste to open in a temporary location and serve our families had a sign installed with the above referenced verbiage. We did so in order to pay homage to the historical significance the temporary location has in our community (The Blythewood Mansion is listed on the historic register, and is on the APTA tour). After the initial shock and impact of losing

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.*

*Love Goes On™*

RECEIVED  
OCT 11 2012  
FUNERAL BOARD  
BURIAL SERVICES



109 Blythewood Drive  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137

FUNERAL HOMES & CREMATORY

[www.williamsfh.com](http://www.williamsfh.com)

819 N. Main Street  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

our building had passed for a short period of time, our owner and manager, Alan Blevins realized that it would be better to not have an actual name change at the new and temporary location. In order to comply with the statute that Mr. Luna pointed out on the date of his inspection, we removed the word "at" from the sign and added the street number in its place. While this doesn't completely match our name as registered with the board, it does match the spirit of the statute and the board's inspector without incurring a huge additional cost while we are in our temporary location.

We are enclosing a picture of the sign as it now exists.

Many thanks, to the board for your consideration in these matters, and for your service to our state.

Sincerely,

Alan Blevins  
Owner/Manager

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.*

*Love Goes On™*



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**  
DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

February 27, 2013

Williams Funeral Home & Crematory  
Attn: Alan Blevins, Manager  
PO Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201202093  
FUNERAL BOARD  
vs.  
WILLIAMS FUNERAL HOME & CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting December 11, 2012.

After review of the signed Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

Lisa Mosby  
Complaint Coordinator

Williams Funeral Home & Crematory  
Consent Order – 2012020931  
January 3, 2013

**BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND  
EMBALMERS**

**IN THE MATTER OF:**

**WILLIAMS FUNERAL HOME & CREMATORY  
P.O. BOX 38  
COLUMBIA, TENNESSEE 38402-0038**

)  
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P3163  
F769  
12-FUN-RBS-2012020931

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**CONSENT ORDER**

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**THIS MATTER** comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a routine inspection. Williams Funeral Home & Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

**DEFINITIONS**

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

**AUTHORITY AND JURISDICTION**

In Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., the Tennessee State Board of Funeral Directors and Embalmers has the authority to deny, suspend, revoke, and/or impose a civil penalty for any violation of any statute, rule or order of the Board.

**STIPULATED FINDINGS OF FACT**

1. Respondent conducted business at all times pertinent while in possession of a valid license, having been issued license number 769.

2. On July 17, 2012, a field representative conducted a routine inspection of the Respondent establishment.
3. During the inspection, it was determined that the Respondent made duplicate charges for "Basic Services of Funeral Director and Staff" in three (3) instances.
4. According to the Statements of Funeral Goods and Services Selected for Clarence Eichelberger and Raymond Helston, the Respondent charged one thousand four hundred and ninety dollars (\$1,490.00) for "Basic Services of Funeral Director and Staff" and seven hundred and fifty dollars (\$750.00) for a Direct Cremation, which by law includes the cost of "Basic Services of Funeral Director and Staff" in the cost.
5. Furthermore, the Respondent charged Wilda Linam one thousand four hundred and ninety dollars (\$1,490.00) and seven hundred and fifty dollars (\$750.00) under "Cash Advances" for "Crematory Services" which is the cost of a Direct Cremation; however, an employee of the Respondent admitted that seven hundred and fifty dollars (\$750.00) is not the cost of cremation services, and the Respondent failed to provide proper disclosure regarding the mark up.
6. Finally, the Respondent's business sign provides a name other than the exact name listed on the establishment application approved by the Board.

#### **STIPULATED CONCLUSIONS OF LAW**

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

*Rule 0660-11-.06, "No funeral director, embalmer or establishment shall:*

- (a) engage in any unfair or deceptive acts or practices defined in the Funeral Rule;*
- (b) fail to comply with any preventive requirements specified in the Funeral Rule;*
- or (c) engage in any other act, omission or practice that is misleading or deceptive."*

*Rule 0660-01-.03(2), "(2) A licensee shall not permit any advertisement, price list, brochure, business card, signage, internet web site, or other written medium that is likely to be viewed by the public, to refer to the funeral establishment by any name other than the exact name listed on the establishment application approved by the Board."*



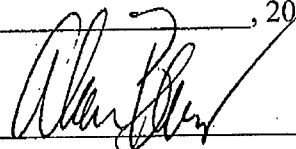
Williams Funeral Home & Crematory  
Consent Order – 2012020931  
January 3, 2013

**NOW THEREFORE**, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

1. Respondent shall pay a civil penalty in the amount of **SEVEN HUNDRED AND FIFTY DOLLARS (\$750.00)**, and remit it along with a signed copy of this Order immediately.
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.
4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

**FURTHERMORE**, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

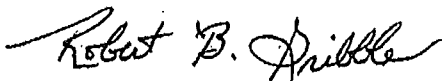
Executed this the 25 day of Jan, 2013.



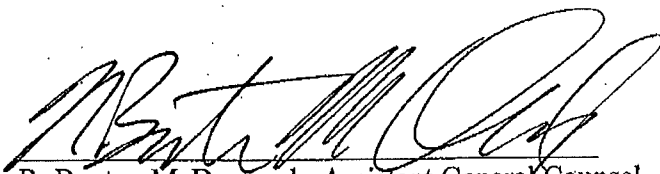
**ALAN BLEVINS, MANAGER  
WILLIAMS FUNERAL HOME &  
CREMATORY**

Williams Funeral Home & Crematory  
Consent Order – 2012020931  
January 3, 2013

**APPROVED:**



Robert B. Gribble, Executive Director  
Tennessee State Board of Funeral Directors and Embalmers



R. Benton McDonough, Assistant General Counsel  
Department of Commerce and Insurance  
Office of Legal Counsel  
500 James Robertson Parkway  
Davy Crockett Tower, 5<sup>th</sup> Floor  
Nashville, Tennessee 37243  
Telephone (615) 741-3072



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FUNERAL BOARD AND BURIAL SERVICES**  
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

**CERTIFIED MAIL**

December 21, 2012

Polk Memorial Crematory  
Attn: Alan Blevins, Manager  
PO Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT #201202689  
FUNERAL BOARD  
vs.  
POLK MEMORIAL CREMATORY**

Dear Manager:

The above referenced complaint against the establishment license has been filed with this office. The enclosed "Notice of Violation" will serve as the basis for the complaint.

A written response is required within fourteen (14) calendar days of the receipt of this letter. All correspondence pertaining to this complaint should be sent to the above address with the complaint number referenced on the correspondence. After we receive your response, there will be an administrative review of the entire file. The legal staff of the Division of Regulatory Boards will recommend a course of action to the Board of Funeral Directors and Embalmers, which will render a final decision in this matter.

The administrative review of this complaint may necessitate investigation by the Regulatory Board Investigators. In the event that action is required, they may conduct interviews with you and/or others in order to gain insight into the events surrounding the complaint. If it is determined that a conference or hearing on this matter is warranted, you will receive a notice as to the date, time and place.

If you have questions regarding the complaint, do not hesitate to contact this office.

Sincerely,

*Lisa Mosby*

Lisa Mosby  
Complaint Coordinator

Enclosure(s)

Certified Number 7011 2970 0002 7239 0839



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: Folk Memorial Crematory  
Name of establishment or individual

Address: 6465 Trethewood Ave.  
Street

License # 1255

Columbia Tn  
City State

384 DEC 21 2012

FUNERAL BOARD  
BURIAL SERVICES

Manager: Alan Blenins

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

- (1) TCA 62-5-313 - *Failure to place an identification tag in urn containing name of decedent, DOB, DOD, SS#. ID tag required by this statute not presented upon request at inspection. Copy of crematory procedures presented at inspection fails to include this requirement, with only reference to a disc referenced in procedures, as ID tag.*

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicates that you, as owner, manager, or agent in charge of this establishment, have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate. Furthermore, curing this violation does not necessarily prevent further disciplinary action relating to this violation deemed appropriate by the Tennessee State Board of Funeral Directors and Embalmers.

[Signature]  
Manager, Owner or Representative

- (2) TCA 62-5-509(e)(4) - *Failure to maintain a separate record, containing the location, date, and manner of final disposition by the crematory of cremated remains.*

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE \_\_\_\_\_

## CITATION

YOU MAY RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

- (3) TCA 62-5-509(d)(1)(D) - *Failure to record the name of funeral home, cemetery or other entity to whom the cremated remains were released*

Order issued by: Alice K. Luma

Date issued: 12-6-12

*on releases of Alice Brown 10-22-12*

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

*by Martin Luma - 10-22-12.*

Memorandum

To: Complaint Coordinator

From: Bill R. Luna, Field Rep ~~AEK~~

Date: December 11, 2012

Subject: Inspection of Polk Memorial Crematory, 6465 Trotwood Avenue, Columbia, TN 38401 on December 6, 2012

After inspection of the above establishment, I issued a citation for the following violations:

**(1) TCA 62-5-313**---As of the date of inspection, this crematory had cremated **45 (forty five) human remains** from the date crematory was placed in service(10-18-12). Of the 45, **NONE** of the urns contained the **identification device required by State law**, as learned in the interview process with Lauren Blevins and Kerry Boshers, both whom stated only the numbered round disc has been placed in the urns with the cremated remains. Lauren Blevins and Kerry Boshers were the only staff present at the December 6 inspection.

It should be noted that the initial inspection for this proposed crematory took place on October 1, 2012 when Melicent Clindenbeard was the only staff member present. At the initial inspection, as a matter of courtesy, I made a point to physically point out in the "Tennessee Funeral Laws" book, 2010 edition, the statute requirements contained in the "**Human Crematory Inspection Report**" for which a field representative will have to check during the next inspection that will take place. I also clearly advised Ms. Clindenbeard that should the establishment have any questions relating to the requirements to notify the Board office.

**(d) (1)** Prior to or at the time of placing a dead human body in a casket for interment or entombment, each funeral establishment shall securely affix or attach to the body, preferably upon the ankle, a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number. If that information is not available to the funeral establishment, then a permanent identification device stating that the information is not available shall be affixed or attached to the body.

**(2)** If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.

**(2) TCA 62-5-509 (e) (4)---**Failure to maintain a separate record containing the location, date, and manner of final disposition by the crematory of the cremated remains. This "separate record" containing the required information has not been maintained and was not presented at inspection for any of the 45 human remains cremated. Again, as a matter of courtesy, I clearly explained to Melicent Clinkerbeard at the initial inspection this "separate record" requirement pertains to the final disposition by the crematory, and although most crematory operators choose to maintain this required information in their "crematory log", the requirement is that the required information be documented in a "separate record". I also explained this requirement to Lauren Blevins and Kerry Boshers at the 12-6-12 inspection when no separate record was presented.

**(e)** During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years:

**(1)** A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body;

**(2)** A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains;

**(3)** A copy of each delivery receipt issued under this section; and

**(4)** A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.

**(f)** All records required to be maintained under this part are subject to inspection by the board of funeral directors and embalmers or an authorized representative of the board, upon reasonable notice, at any reasonable time.

**HISTORY:** Acts 1999, ch. 215, § 9; 2000, ch. 779, §§ 19-23.

**TCA 62-5-509 (d) (1) (D)---**Failure to record the name of the funeral home, cemetery, or other entity to whom the cremated remains were released on releases for Alice Brown-10-22-12 and Martin Lerna-10-22-12.

**d) (1)** At the time of releasing cremated remains, an operator of a crematory facility shall ensure that a written receipt signed by both a representative of the crematory facility and the person who received the cremated remains is provided to the person who received the cremated remains. Unless the cremated remains are those of a dead human body that was donated to science for purposes of medical education or research or are those of body parts,

the receipt shall indicate:

- (A)** The name of the decedent;
- (B)** The date and time of the release;
- (C)** The name of the person to whom the cremated remains were released;
- (D)** If applicable, the name of the funeral home, cemetery or other entity to whom the cremated remains were released; and
- (E)** The name of the person who released the cremated remains on behalf of the crematory facility.

At the exit interview with Lauren Blevins I went over each item on the "Notice of Violation" and referenced the statute requirement location in the law book. Lauren Blevins stated she understood the violations and will see that each is corrected since there apparently has been a breakdown in communication within their organization.

I additionally asked if she had any questions regarding the inspection or the citation. She stated she did not.

I then advised her if anyone has any questions regarding the matter to notify the Board office and I will gladly return their phone call if I can clarify any requirement regarding the inspection.

*Citation Attached*



12-6-12  
Date

*Eric R. Lima*  
Field Representative's Signature

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS

DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

HUMAN CREMATORY INSPECTION REPORT

Establishment Name: *Folk Memorial Crematory* Lic. #: *1255*  
Physical Location Address: *6465 Tretnood Ave.* Phone #: *931-388-2135*  
City, State, Zip Code: *Columbia, TN 38401*

Mailing Address (if different from above): \_\_\_\_\_

Licensed Funeral Director serving as Manager: *Alan Blenins* FD #: *3435*

Licensed Funeral Director(s) performing cremations: *Lauren Blenins* FD #: *6216*

*Melissent Chapmanboard-5611* *alan Blenins-3435*

Number of cremations performed prior calendar year: *10-18-12* <sup>*First Cremation*</sup> Number of cremations present year to date: *45*

Number of cremation files examined during this inspection: *9*

**62-5-504. Prerequisites to Cremation**

|   | Acceptable<br>YES                   | NO                       |
|---|-------------------------------------|--------------------------|
| Required cremation permit from Health Department for each deceased..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**62-5-107. Utilization of Licensed Crematory Facility**

Cremation Authorization Form

|   |                                     |                          |
|---|-------------------------------------|--------------------------|
| A. Name, address and telephone number of crematory..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Signed by authorizing agent .....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Signed and dated by Licensed Funeral Director .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**62-5-509. Written Receipt for Remains -- Records**

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 1. Written receipt for delivery of human remains to crematory facility:     |                                     |                                     |
| A. Name of decedent.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B. Date and time of delivery .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C. Type of casket or container remains delivered in.....                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D. Name of person delivering remains to crematory facility .....            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| E. Name of funeral home or other establishment.....                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F. Name of person receiving decedent on behalf of crematory facility.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Written receipt for release of cremated remains from crematory facility: |                                     |                                     |
| A. Name of decedent.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B. Date and time of release.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C. Name of person releasing cremated remains from crematory facility.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D. Name of person to whom cremated remains were released.....               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| E. Name of funeral home, cemetery or other entity.....                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



3. Record (log) of each cremation conducted:

- A. Name of decedent..... ☒ ☐  
 B. Date and time of cremation..... ☒ ☐  
 C. Manner of final disposition (location, date and manner of final disposition)..... ☒ ☐

**62-5-313. Requirements for Operation - (d)(2) Permanent Identification Device**

- A. Name of Deceased..... YES ☐ NO ☒  
 B. Date of Birth..... YES ☐ NO ☒  
 C. Date of Death..... YES ☐ NO ☒  
 D. Social Security Number..... YES ☐ NO ☒

Type of Permanent Identification Device used: None →

Number of Cremated Remains Present: 0 Number of Cremated Remains Inspected: —

**62-5-507. Crematory Facility Operator Duties**

Inspection of Crematory Facility

- A. Is cremation in progress at time of inspection..... YES ☐ NO ☒  
 B. Any excess residue or fragments found in cremation chamber..... YES ☐ NO ☒  
 C. Any excess residue or fragments found in processing area..... YES ☐ NO ☒  
 D. Any unauthorized access or visibility noted..... YES ☐ NO ☒  
 E. Number of retort chambers: 1  
 F. Date retort chamber(s) placed in service: 10-18-12  
 G. Was retort chamber(s) operational..... YES ☒ NO ☐  
 H. Temperature of retort chamber(s) when inspected: 1602°F & climbing  
 I. Refrigeration unit(s) on premises..... YES ☒ NO ☐  
 J. Total body capacity of refrigeration unit(s): 3  
 K. Temperature of refrigeration unit(s) at time of inspection: 36°F  
 L. Number of bodies present at time of inspection: 3  
 M. Unembalmed bodies held for eight (8) hours in refrigeration unit..... YES ☒ NO ☐  
 N. Embalmed bodies in holding area..... YES ☐ NO ☐  
 O. Is the crematory facility maintained in a neat, clean and orderly fashion..... YES ☒ NO ☐  
 P. Has crematory equipment been inspected and/or serviced by manufacturer or other entity..... YES ☐ NO ☐  
 Date(s) of last inspection/maintenance: initial installation - Obtain copy of report(s)  
 Q. Describe system established and maintained for identifying body throughout all phases of holding and cremation process: Copy attached

R. Describe internal system used for tracing location of cremated remains during shipment (mail): USPS -

S. Signed receipt from person receiving cremated remains by mail..... ☐ ☐  
Return Receipt

**0660-9-01 Requirements For A Crematory**

- A. Any evidence of commingling of cremated ashes for storage or disposition..... YES ☐ NO ☒  
 B. Any evidence of more than one (1) body being placed in cremation chamber..... YES ☐ NO ☒  
 C. Any evidence of more than one (1) cremated remains placed in container..... YES ☐ NO ☒  
 D. Number of unclaimed cremated remains present at crematory facility: 0

Describe procedure for handling and/or disposition of any unclaimed cremated remains

Copy attached

WARNING ISSUED

(Circle)

CITATION ISSUED

(Circle)

Reason(s): (1) TCA 62-5-313

(2) TCA 62-5-509 (e)(4)

(3) TCA 62-5-509 (d)(1)(D)

Comments: First disc #3001 - Last disc #3045 on 12-5-12



109 Blythewood Drive  
Columbia, TN 38401

931-388-2135  
Fax 931-388-2137  
Dear Ms. Mosby:

FUNERAL HOMES & CREMATORY

www.williamsfh.com

RECEIVED

JAN 15 2013

FUNERAL BOARD  
BURIAL SERVICES

819 N. Main Street  
Mt. Pleasant, TN 38474

931-379-5574  
Fax 931-379-5580

We have received a copy of Complaint # 2012022689 filed against Polk Memorial Crematory. The following is our response to the three charges.

- (1) **TCA 62-5-313**--- As stated at the time of inspection, we placed the numbered round disc, which matched our records, in the urn with the cremated remains for identification purposes. We immediately corrected this mistake and are now placing the identification device required by law in the urn. We did not perform another cremation until we had the identification tags specified by Mr. Luna.

It is our desire to always be in compliance with the law. We take the law very seriously. However, we have been in a time of transition (our crematory operator resigned after the fire), and we simply misinterpreted the law when we started operating our new crematory. We realize that this was our mistake, a mistake that we have corrected, and a mistake that we will not repeat.

- (2) **TCA 62-5-509 (e) (4)**---Again, It is our desire to be in compliance with the law and, again, we misinterpreted the law. However, we can assure the board that we have corrected the misunderstanding and are in full compliance with the law. A "separate record" as defined by law is now being kept at the crematory.
- (3) **TCA 62-5-509 (d) (1) (D)**---It is our understanding that we are charged with failure to identify the "funeral home, cemetery or entity to whom the cremated remains were released" on the releases of Alice Brown and Martin Lerna, both dated 10-22-12. These two cremated remains were released to a specific funeral home, not a family member, and the funeral home was noted in our records. If they were not properly recorded, then we express our sincere regret and promise to not make the mistake again.

In conclusion, any failure to abide by the law was a result of a misinterpretation of the law, and NOT an intentional act on our part. We have been in a state of transition, both in personnel and facilities. ALL misunderstandings have been corrected from the moment Mr. Luna explained them to us. We are sorry and regret our mistakes.

Sincerely,

Lauren Blevins

*We are committed to exceed the expectations of every family we serve by creating meaningful experiences that are everlasting.  
This commitment of service will be carried out before, during and after the family's time of need.*

*Love Goes On™*



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**  
DAVY CROCKETT TOWER, 2ND FLOOR  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

June 4, 2013

Polk Memorial Crematory  
Attn: Alan Blevins, Manager  
PO Box 38  
Columbia, TN 38402-0038

**RE: FUNERAL COMPLAINT # 201202689  
FUNERAL BOARD  
vs.  
POLK MEMORIAL CREMATORY**

Dear Manager:

The above referenced complaint was presented to the Board of Funeral Directors and Embalmers at their meeting March 12, 2013.

After review of the signed Consent Order and payment of the civil penalty from your establishment, the complaint has been closed.

Sincerely,

Lisa Mosby  
Complaint Coordinator

Polk Memorial Crematory  
Consent Order – 2012026891  
April 11, 2013

**BEFORE THE TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND  
EMBALMERS**

IN THE MATTER OF:

POLK MEMORIAL CREMATORY  
PO BOX 38  
COLUMBIA, TENNESSEE 38402-0038

) P3103  
) F1279  
)  
) 12-FUN-RBS-2012026891  
)  
)

---

**CONSENT ORDER**

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**THIS MATTER** comes before the Tennessee State Board of Funeral Directors and Embalmers (hereinafter called "Board"), based upon violations found during a routine inspection. Polk Memorial Crematory (hereinafter called "Respondent"), voluntarily enters into this Consent Order to avoid formal charges and a contested case proceeding with respect to the matters described herein.

**DEFINITIONS**

The definitions set out in Tennessee Code Annotated Title 62 and the rules promulgated thereunder are applicable to this Consent Order.

**AUTHORITY AND JURISDICTION**

Accordingly, Tenn. Code Ann. § 62-5-317, § 56-1-308(a), and Rule 0660-8-.01 of the Tenn. Comp. R. and Regs., provide the Tennessee State Board of Funeral Directors and Embalmers with the authority to deny, suspend, revoke, and/or impose a civil penalty for any violation of any statute, rule or order of the Board.

**STIPULATED FINDINGS OF FACT**

1. Respondent conducted business at all times pertinent while in possession of a valid license, having been issued license number 1255.

2. On December 6, 2012, a field representative conducted a routine inspection of the Respondent establishment.
3. It was discovered that the Respondent provided cremation services for forty-five (45) human remains; however, the Respondent failed to place a permanent identification device approved by the board in the urns prior to placing the remains in the urn.
4. Furthermore, the Respondent failed to retain a separate record containing the location, date, and manner of final disposition regarding the remains.

#### **STIPULATED CONCLUSIONS OF LAW**

Respondent admits that the aforementioned act(s) and conduct of the Respondent as previously described herein constitute a violation(s) of the following statute(s) and/or rule(s):

*Tenn. Code Ann. § 62-5-313(d)(2)*, “(d)(2) If a dead human body is to be cremated, then a permanent identification device approved by the board, containing the decedent's name, date of birth, date of death and social security number shall be placed in the crematory urn before the remains are placed in the urn. If the information is not available to the funeral establishment, then a permanent identification device stating the information is not available shall be placed in the crematory urn before the remains are placed in the urn.”

*Tenn. Code Ann. § 62-5-509(e)*, “(e) During the time that the crematory remains engaged in the business of cremating dead human bodies or body parts, the crematory facility shall keep the following for a period of at least seven (7) years: (1) A copy of each receipt issued upon acceptance by or delivery to the crematory facility of a dead human body; (2) A record of each cremation conducted at the facility, containing at least the name of the decedent or, in the case of body parts, the name of the decedent or living person from whom the body parts were removed, the date and time of the cremation and the final disposition made of the cremated remains; (3) A copy of each delivery receipt issued under this section; and (4) A separate record of the cremated remains of each decedent or the body parts removed from each decedent or living person that were disposed of containing at least the name of the decedent, the date and time of the cremation and the location, date and manner of final disposition of the cremated remains.”

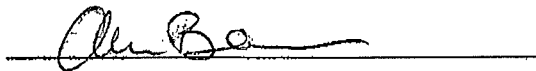
**NOW THEREFORE**, in order to effectuate Respondent's desires and intentions, Respondent hereby consents and agrees to the following:

Polk Memorial Crematory  
Consent Order – 2012026891  
April 11, 2013

1. Respondent shall pay a civil penalty in the amount of FIVE HUNDRED DOLLARS (\$500.00), and remit it along with a signed copy of this Order immediately.
2. Respondent shall comply with all statutes and rules governing funeral directors and embalmers in this State.
3. The Board shall seek no additional sanctions against the Respondent by reason of the violations admitted herein. The Respondent acknowledges the Board's right to seek additional sanctions against the Respondent for any future violations.
4. Respondent acknowledges, understands and agrees that this settlement in no way binds any other agency, division, department or political subdivision of the State of Tennessee relative to any factual allegations cited herein.
5. Respondent understands that Respondent has a right to a hearing under the Uniform Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5, but Respondent is waiving that right in order to enter this settlement.
6. This Order shall have no effect unless accepted by the Board. Should this Order not be accepted by the Board, it is agreed that the presentation to and consideration of this Consent Order shall in no way prejudice the Board from further participation in either a formal or informal resolution of this matter.

**FURTHERMORE**, Respondent hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this Consent Order.

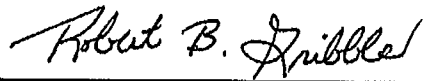
Executed this the 29 day of April, 2013.



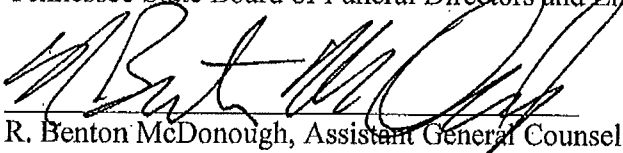
**ALAN BLEVINS, MANAGER  
POLK MEMORIAL CREMATORY**

Polk Memorial Crematory  
Consent Order – 2012026891  
April 11, 2013

**APPROVED:**



Robert B. Gribble, Executive Director  
Tennessee State Board of Funeral Directors and Embalmers



R. Benton McDonough, Assistant General Counsel  
Department of Commerce and Insurance  
Office of Legal Counsel  
500 James Robertson Parkway  
Davy Crockett Tower, 5<sup>th</sup> Floor  
Nashville, Tennessee 37243  
Telephone (615) 741-3072

*warning attached*

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 592-1903  
<http://funeral.tn.gov>

3-13-13  
Date

*Ric. K. Luna*  
Field Representative's Signature

## ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home, Inc. Lic # 268  
Physical Address: 819 North Main St. Phone # \_\_\_\_\_  
City, State, Zip Code: Mount Pleasant, TN 38474 Fax # 931-379-5580  
Mailing Address (if different from above): P.O. Box 38 -> 38402  
Establishment web site address: williamsfh.com  
Establishment email address: info@williamsfh.com  
Contact Person(s) during inspection: Michael Cliburnhead - Alan Blenier  
Funeral Director serving as manager: Laura A. Blenier FD # 6216 Emb # \_\_\_\_\_  
Total Calls previous year: Files not kept separate - counted as Columbia Total Calls current year to date: \_\_\_\_\_  
Total Cremations previous year: \_\_\_\_\_ Total Cremations current year to date: \_\_\_\_\_

## Licensed Funeral Directors &amp; Embalmers and License Numbers

|                                       |  |
|---------------------------------------|--|
| <u>Alan Blenier - 3435-3753</u>       |  |
| <u>Michael Cliburnhead - 5611</u>     |  |
| <u>Benjamin L. Curtis - 6652-6653</u> |  |
| <u>Harold P. Strahan - 6641</u>       |  |
|                                       |  |
|                                       |  |

## Apprentice Funeral Director &amp; Embalmers and License Numbers

|                                    |  |
|------------------------------------|--|
| <u>Janie St. Lindsey - 4678</u>    |  |
| <u>Kerry Wayne Roberson - 4114</u> |  |

## Pre-Need Sales Agents &amp; License Numbers (Tennessee Code Annotated 62-5-404a)

|  |  |
|--|--|
|  |  |
|  |  |

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)  
License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Does not offer*



| I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-.06)            |                  | ACCEPTABLE                          |                          |
|--|------------------|-------------------------------------|--------------------------|
| A. GENERAL PRICE LIST  |                  | YES                                 | NO                       |
| 1. Name, address, & telephone number                                     | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective Date  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Consumer's Right of Selection disclosure                              | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Basic Service Fee disclosure  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Embalming disclosure  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Casket Price List disclosure  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Outer Burial Container Price List disclosure                          | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Alternative Container for Direct Cremation disclosure                 | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Required 16 Itemized Prices on General Price List                     |                  |                                     |                          |
| 1. Basic Services of Funeral Director and Staff                          | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Embalming   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Other Preparation of the Body   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Transfer of Remains to Funeral Home                                   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Use of Facilities and Staff for funeral ceremony                      | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of Facilities and Staff for viewing                               | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Use of Facilities and Staff for memorial service                      | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Use of Equipment and Staff for graveside service                      | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hearse  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Limousine  | _____ <i>N/A</i> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Forwarding of remains to another funeral home                        | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Receiving of remains from another funeral home                       | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Casket Prices  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Outer Burial Container Prices  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Immediate Burial   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Direct Cremation   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Casket Price List   |                  |                                     |                          |
| 1. Name of funeral establishment   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Price and description of each casket and alternative container        | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D. Outer Burial Container Price List                                     |                  |                                     |                          |
| 1. Name of funeral establishment   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Effective date  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Required disclosure   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Price and description of each outer burial container                  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E. Statement of Funeral Goods and Services Selected                      |                  |                                     |                          |
| 1. Cost of services, merchandise & description                           | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Legal requirement disclosure  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Embalming disclosure  | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash Advance disclosure   | _____            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Number of Statement of Funeral Goods and Services Contracts examined: | _____            |                                     |                          |

*Excluded in report for Williams - Columbia* 2

## II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Salch Memorial Crematory
2. License number of crematory(s) used: 1256
3. Date of inspection report used: 12-6-12
4. Number of cremation files examined during inspection: \_\_\_\_\_

### A. Cremation Authorization Forms:

1. Name, address & phone number of crematory: \_\_\_\_\_
2. Correct information on form: \_\_\_\_\_
3. Signed by licensed funeral director: \_\_\_\_\_
4. Signed by authorizing agent: \_\_\_\_\_

YES NO

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*Included  
in Report  
for Williams-  
Columbia*

### B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

1. Name of deceased: \_\_\_\_\_
2. Date & time of delivery: \_\_\_\_\_
3. Type of container: \_\_\_\_\_
4. Name of person delivering decedent: \_\_\_\_\_
5. Name of person receiving decedent: \_\_\_\_\_
6. Name of funeral home or establishment: \_\_\_\_\_

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### C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

1. Name of decedent: \_\_\_\_\_
2. Date & time of release of cremated remains: \_\_\_\_\_
3. Name of person to whom cremated remains released: \_\_\_\_\_
4. Name of person releasing cremated remains: \_\_\_\_\_
5. Name of Establishment to whom cremated remains released: \_\_\_\_\_

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## III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

1. Signage: \_\_\_\_\_
2. Advertisements: \_\_\_\_\_
3. Business Cards: \_\_\_\_\_
4. Internet web site: \_\_\_\_\_
5. Price Lists: \_\_\_\_\_
6. Other mediums: \_\_\_\_\_

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*corrected on site*

## IV. Public Areas (Tennessee Rule 0660-11-.04)

1. Public areas in good state of repair: \_\_\_\_\_
2. Sidewalks, entrances, walkways free of debris/obstacles: \_\_\_\_\_
3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels: \_\_\_\_\_

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## V. Preparation Rooms (Tennessee Rule 0660-11-.02)

## ACCEPTABLE

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Floor Composition                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies        | <input type="checkbox"/> | <input type="checkbox"/> |

If no preparation room at this establishment, state where embalming procedures are performed: Laurens Funeral Home

Chapel Hill, TN

## VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

A. Type of permanent identification device used: Permanently

1. Number of bodies in funeral establishment at time of inspection: 0
2. Number of bodies checked during inspection: \_\_\_\_\_
3. Location of bodies checked: \_\_\_\_\_
4. Family/public present while body checked: \_\_\_\_\_

## ACCEPTABLE

|                                       | YES                      | NO                       |
|---------------------------------------|--------------------------|--------------------------|
| A. Name of Decedent                   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date of Birth of Decedent          | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Date of Death of Decedent          | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Social Security Number of Decedent | <input type="checkbox"/> | <input type="checkbox"/> |

## REMARKS:

See note on response letter regarding warning.



TENNESSEE STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
NASHVILLE, TENNESSEE

# NOTICE OF VIOLATION

OFFICIAL NOTICE

Issued to: William's Funeral Home, Inc.  
Name of establishment or individual

Address: 819 North Main St.  
Street

License # 268

Mount Pleasant, Tenn 38474  
City State Zip

Manager: Lauren A. Blenier

An inspection of the aforementioned establishment on the date indicated revealed that Chapter 5, Title 62 of Tennessee Code Annotated, governing the operation of Funeral Directors, Embalmers and Funeral Establishments is being violated as follows:

TCA 62-5-106 - package offerings: "Simple Funeral Package", "Pantheon package", "Simplicity package", "Tribute package", "Honor package", "Classic package", "Premier package", "Elegance package", "Presidential package", "Gathering of Remembrance", "Ceremony of Simplicity", & "Gathering & Ceremony of Choice" must include an itemized listing of each and every item.

You are hereby ordered to correct said violation and to desist from any further violation. Your signature below indicated that you as owner, manager, or agent in charge of this establishment have read and understand the violation cited above and have been duly warned that failure to comply with the rules and regulations promulgated by the Tennessee State Board of Funeral Directors and Embalmers may result in the suspension, revocation, or denial of your license to operate. procedures or service and shall show the price of the item.

Melvin K. Christensen  
Manager, Owner or Representative

## WARNING

THIS ORDER MUST BE COMPLIED WITH ON OR BEFORE 20 Calendar Days

## CITATION

YOU WILL RECEIVE A CONSENT ORDER ASSESSING A CIVIL PENALTY FOR THIS CITATION. FAILURE TO CORRECT THESE VIOLATION(S) COULD RESULT IN FURTHER ADMINISTRATIVE ACTION.

Order issued by: Bill R. Luna

Date issued: 3-13-13

**VERY IMPORTANT:** Failure to notify the Board of Funeral Directors and Embalmers of compliance on or before the date required may result in further action. Until this order has been complied with, you are subject to penalties as provided under Section 62-5-317 and 62-5-103.

Change of Location



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF FUNERAL DIRECTORS AND EMBALMERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1144  
PHONE (615) 741-5062  
FAX (615) 532-1903  
<http://funeral.tn.gov>

4-4-13  
Date

Bice R. Luna  
Field Representative's Signature

### ESTABLISHMENT INSPECTION REPORT

Establishment Name: Williams Funeral Home & Crematory Lic # 769  
Physical Address: 2517 Iratused Ave. Phone # 931-388-2135  
City, State, Zip Code: Columbia, TN 38401 Fax # 931-381-3014  
Mailing Address (if different from above): P.O. Box 38  
Establishment web site address: WilliamsFH.com  
Establishment email address: info@WilliamsFH.com  
Contact Person(s) during inspection: Malicent Clinkenhead - Paula Lindsey - Ben Curtis - Kerry Jowers  
Funeral Director serving as manager: Alan Blenkins FD # 3435 Emb # 3753  
Total Calls previous year: 228 Total Calls current year to date: 59  
Total Cremations previous year: 71 Total Cremations current year to date: 19

#### Licensed Funeral Directors & Embalmers and License Numbers

|                                       |  |
|---------------------------------------|--|
| <u>Malicent Clinkenhead - 5611</u>    | <u>Kerry J. Jowers - 3673-3882 (Tea)</u> |
| <u>Benjamin J. Curtis - 6652-6653</u> |  |
| <u>Herald E. Strahan - 6641</u>       |  |
| <u>Lauren A. Blenkins - 6216</u>      |  |
| <u>Kerry J. Jowers - 6664-6665</u>    |  |

#### Apprentice Funeral Director & Embalmers and License Numbers

|                                  |  |
|----------------------------------|--|
| <u>Paula H. Lindsey - 4678</u>   |  |
| <u>Kerry Wayne Baskin - 4114</u> |  |

#### Pre-Need Sales Agents & License Numbers (Tennessee Code Annotated 62-5-404a)

|                               |                             |
|-------------------------------|-----------------------------|
| <u>Paula H. Lindsey - 118</u> | <u>Alan Blenkins - 1103</u> |
| <u>Suzanne Siebold - 1437</u> |                             |

Pre-Need Sales Registration: (Tennessee Code Annotated 62-5-404 b)  
License Number: 469 Expiration Date: 3-31-14

I. FEDERAL TRADE COMMISSION RULE (Tennessee Rule 0660-11-06)

A. GENERAL PRICE LIST

ACCEPTABLE

YES NO

1. Name, address, & telephone number ☒ ☐
2. Effective Date ☒ ☐
3. Consumer's Right of Selection disclosure ☐ ☒ *corrected on site*
4. Basic Service Fee disclosure ☒ ☐
5. Embalming disclosure ☐ ☒ *corrected on site*
6. Casket Price List disclosure ☒ ☐
7. Outer Burial Container Price List disclosure ☒ ☐
8. Alternative Container for Direct Cremation disclosure ☒ ☐

B. Required 16 Itemized Prices on General Price List

1. Basic Services of Funeral Director and Staff ☒ ☐
2. Embalming ☒ ☐
3. Other Preparation of the Body ☒ ☐
4. Transfer of Remains to Funeral Home ☒ ☐
5. Use of Facilities and Staff for funeral ceremony ☒ ☐
6. Use of Facilities and Staff for viewing ☒ ☐
7. Use of Facilities and Staff for memorial service ☒ ☐
8. Use of Equipment and Staff for graveside service ☒ ☐
9. Hearse ☒ ☐
10. Limousine ☐ ☐ *N/A*
11. Forwarding of remains to another funeral home ☐ ☒ *corrected on site*
12. Receiving of remains from another funeral home ☒ ☐ *" " "*
13. Casket Prices ☒ ☐
14. Outer Burial Container Prices ☒ ☐
15. Immediate Burial ☒ ☐
16. Direct Cremation ☐ ☒ *corrected on site*

C. Casket Price List

1. Name of funeral establishment ☐ ☒ *corrected on site*
2. Effective date ☒ ☐
3. Price and description of each casket and alternative container ☒ ☐

D. Outer Burial Container Price List

1. Name of funeral establishment ☐ ☒ *corrected on site*
2. Effective date ☒ ☐
3. Required disclosure ☒ ☐
4. Price and description of each outer burial container ☒ ☐

E. Statement of Funeral Goods and Services Selected

1. Cost of services, merchandise & description ☒ ☐
2. Legal requirement disclosure ☒ ☐
3. Embalming disclosure ☒ ☐
4. Cash Advance disclosure ☒ ☐
5. Number of Statement of Funeral Goods and Services Contracts examined: 16

II. CREMATIONS (Tennessee Code Annotated 62-5-107)

1. Name of crematory(s) used by establishment: Deek Memorial Crematory
2. License number of crematory(s) used: 1255
3. Date of inspection report used: 12-6-12
4. Number of cremation files examined during inspection: 5

A. Cremation Authorization Forms:

- |  | YES                                 | NO                       |
|--|-------------------------------------|--------------------------|
| 1. Name, address & phone number of crematory | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct information on form               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Signed by licensed funeral director       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Signed by authorizing agent               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Receipt for Humans Remains delivered to Crematory: (Tennessee Code Annotated 62-5-509 b)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of deceased                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of delivery               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Type of container                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person delivering decedent    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of person receiving decedent     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Name of funeral home or establishment | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

C. Receipt of Cremated Remains: (Tennessee Code Annotated 62-5-509 d)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Name of decedent  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Date & time of release of cremated remains              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Name of person to whom cremated remains released        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Name of person releasing cremated remains               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Establishment to whom cremated remains released | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

III. Name of Establishment (Tennessee Rule 0660-01-.03 2)

- |                      |                                     |                          |
|----------------------|-------------------------------------|--------------------------|
| 1. Signage           | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Advertisements    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Business Cards    | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Internet web site | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Price Lists       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Other mediums     | <input type="checkbox"/>            | <input type="checkbox"/> |

IV. Public Areas (Tennessee Rule 0660-11-.04)

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| 1. Public areas in good state of repair                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Sidewalks, entrances, walkways free of debris/obstacles             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Restrooms-Clean/stocked with hand soap, toilet tissue, paper towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

V. Preparation Rooms (Tennessee Rule 0660-11-.02)

ACCEPTABLE

- |   | YES                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Floor Composition _____                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Ventilation/Exhaust Fan _____                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Instrument Disinfection Chemicals Present _____              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Trash Container Covered Non-Porous Bag _____                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Soiled Laundry/Linen Container Covered, Non-Porous Bag _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Chemical Storage _____                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Excess Storage Control _____                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Paper towels, hand soap _____                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. All Surfaces/Tables/Fixtures/Equipment sanitary _____        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Secured to prevent unauthorized entry _____                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. No window visibility _____                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Orderly/Free from clutter _____                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Used only for preparation of dead human bodies _____        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If no preparation room at this establishment, state where embalming procedures are performed: \_\_\_\_\_

VI. Permanent Identification Device (Tennessee Code Annotated 62-5-313 (d)(1))

- A. Type of permanent identification device used: Plaster Band
- Number of bodies in funeral establishment at time of inspection: 0
  - Number of bodies checked during inspection: \_\_\_\_\_
  - Location of bodies checked: \_\_\_\_\_
  - Family/public present while body checked: \_\_\_\_\_

ACCEPTABLE

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| A. Name of Decedent _____                   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Date of Birth of Decedent _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Date of Death of Decedent _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Social Security Number of Decedent _____ | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS:

Change of location -  
Newly Constructed Building - photographs  
attached.